

US3292241 (Prod: Clinical Trials of Texas, Inc)

Generated By: (b) (6)

Generated On: 26 Nov 2020 10:50:08

All time stamps listed in this document are displayed in GMT

US3292241

Form: Participant Creation

Generated On: 26 Nov 2020 10:50:08

[Participant ID](#)

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

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Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	20 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

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Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

Date of Birth (MMM yyyy)	(b) (6) 1953
Age	67
Age Units	YEARS
Age (Derived)	67
Sex	Female <input checked="" type="radio"/> Male <input type="radio"/>
Ethnicity	Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input checked="" type="radio"/> Not Reported <input type="radio"/> Unknown <input type="radio"/>
Race (Check All That Apply)	
White	True
Black	False
Asian	False
American Indian or Alaska Native	False
Native Hawaiian or other Pacific Islander	False
Other	False
If race is Other, specify _____	
Unknown	False
Not reported	False

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Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

Date of Informed Consent (<i>dd MMM yyyy</i>)	20 AUG 2020
Month and Year of Informed Consent (derived)	AUG 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 <input type="radio"/>
	Amendment 2 <input checked="" 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

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Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:50:08

[Did the participant meet all eligibility criteria?](#)

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:50:08

[Were any significant conditions reported?](#)

Yes ☒

No ☐

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Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

Condition	ALLERGIES - SULFA DRUGS
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

Condition	SEASONAL ALLERGIES - CEDAR
Start date (dd MMM yyyy)	UN UNK 1959
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 1959
Start Year (derived)	1959
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

Condition	SEASONAL ALLERGIES - OAK
Start date (dd MMM yyyy)	UN UNK 1959
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 1959
Start Year (derived)	1959
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

Condition	SEASONAL ALLERGIES - MOLD
Start date (dd MMM yyyy)	UN UNK 1959
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 1959
Start Year (derived)	1959
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

Condition	FOOD ALLERGY - MELON
Start date (dd MMM yyyy)	UN UNK 1960
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 1960
Start Year (derived)	1960
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

Condition	ALLERGY - LATEX
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

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Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

Condition	HORMONE REPLACEMENT THERAPY
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

Condition	CHOLECYSTECTOMY
Start date (dd MMM yyyy)	UN UNK 2003
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2003
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2003
Start Year (derived)	2003
Stop Month and Year (derived)	JAN 2003
Stop Year (derived)	2003

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Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

Condition	THYROIDECTOMY
Start date (dd MMM yyyy)	UN UNK 2001
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2001
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2001
Start Year (derived)	2001
Stop Month and Year (derived)	JAN 2001
Stop Year (derived)	2001

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Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

Condition	VAGINAL DELIVERY
Start date (dd MMM yyyy)	UN UNK 1989
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 1989
Stop date completely unknown	False
Start Month and Year (derived)	JAN 1989
Start Year (derived)	1989
Stop Month and Year (derived)	JAN 1989
Stop Year (derived)	1989

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Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

Condition	VAGINAL DELIVERY
Start date (dd MMM yyyy)	UN UNK 1991
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 1991
Stop date completely unknown	False
Start Month and Year (derived)	JAN 1991
Start Year (derived)	1991
Stop Month and Year (derived)	JAN 1991
Stop Year (derived)	1991

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Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

Condition	DISCECTOMY - C5-C6
Start date (dd MMM yyyy)	UN UNK 2007
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2007
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2007
Start Year (derived)	2007
Stop Month and Year (derived)	JAN 2007
Stop Year (derived)	2007

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Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

Condition	TOTAL HYSTERECTOMY
Start date (dd MMM yyyy)	UN UNK 2000
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2000
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2000
Start Year (derived)	2000
Stop Month and Year (derived)	JAN 2000
Stop Year (derived)	2000

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Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

Condition	BILATERAL SALPINGO - OOPHORECTOMY
Start date (dd MMM yyyy)	UN UNK 2000
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2000
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2000
Start Year (derived)	2000
Stop Month and Year (derived)	JAN 2000
Stop Year (derived)	2000

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Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

Condition	MYOPIA
Start date (dd MMM yyyy)	UN UNK 1967
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 1967
Start Year (derived)	1967
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

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Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

Condition	DRY EYES
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

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Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

Condition	ASTHMA
Start date (dd MMM yyyy)	UN UNK 1983
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 1983
Start Year (derived)	1983
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

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Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

Condition	HYPERTENSION
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

Condition	CONSTIPATION
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

Condition	CHOLELITHIASIS
Start date (dd MMM yyyy)	UN UNK 2003
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2003
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2003
Start Year (derived)	2003
Stop Month and Year (derived)	JAN 2003
Stop Year (derived)	2003

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Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

Condition	HYPOTHYROIDISM
Start date (dd MMM yyyy)	UN UNK 2001
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 2001
Start Year (derived)	2001
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

Condition	HYPERTHYROIDISM
Start date (dd MMM yyyy)	UN UNK 2001
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2001
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2001
Start Year (derived)	2001
Stop Month and Year (derived)	JAN 2001
Stop Year (derived)	2001

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Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

Condition	SURGICAL MENOPAUSE
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

Condition	BULGING DISC (C5,C6)
Start date (dd MMM yyyy)	UN UNK 2007
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2007
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2007
Start Year (derived)	2007
Stop Month and Year (derived)	JAN 2007
Stop Year (derived)	2007

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Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

Condition	INSOMNIA
Start date (dd MMM yyyy)	UN UNK 2015
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 2015
Start Year (derived)	2015
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

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Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

Condition	URINARY INCONTINENCE
Start date (dd MMM yyyy)	UN UNK 2000
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 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

Condition	UTERINE FIBROIDS
Start date (dd MMM yyyy)	UN UNK 1973
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2000
Stop date completely unknown	False
Start Month and Year (derived)	JAN 1973
Start Year (derived)	1973
Stop Month and Year (derived)	JAN 2000
Stop Year (derived)	2000

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	20 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	09:05 (24 HR)
Vital Signs Date and Time (derived)	20 AUG 2020 09:05
Height (<i>xxx.x</i>)	163.3 cm
Weight (<i>xxx.x</i>)	72.4 kg
BMI (<i>xxx.x</i>)	27.14977 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)	

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Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

20 AUG 2020

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

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Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

Date of assessment (<i>dd MMM yyyy</i>)	20 AUG 2020
Is the participant of childbearing potential?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
If No, what is the reason?	Surgically sterile <input checked="" type="radio"/>
	Post-menopausal <input type="radio"/>
	Partner medically sterile <input type="radio"/>
	Not reached age of Menarche <input type="radio"/>
	Other <input type="radio"/>
If Partner medically sterile or Other, specify	
If Surgically sterile, date of surgery (<i>dd MMM yyyy</i>)	UN UNK 2000
Date of surgery unknown	False
If Post-menopausal, date of last menstruation (<i>dd MMM yyyy</i>)	
Date of last menstruation unknown	False

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Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

Occupational Risk

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

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

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Folder: Screening

Form: Risk of Exposure

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Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)	False
Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)	False
Resides in a single family home (i.e., detached housing)	True
Other	False
Specify	

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	20 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

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Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

What was the date of randomization? (dd MMM yyyy) 20 AUG 2020

What was the participant's randomization number? 187240

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 ☒

Human Immunodeficiency Virus (HIV) infection Yes ☐ No ☐

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:50:08

Height	ND - Not Done
Weight	ND - Not Done

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

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)	20 AUG 2020
Time of assessment (00:00-23:59)	10:40 (24 HR)
Vital Signs Date and Time (derived)	20 AUG 2020 10:40
Temperature (xxx.x)	36.8 C
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	76 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	142 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	93 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

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)	20 AUG 2020
Time of assessment (00:00-23:59)	12:45 (24 HR)
Vital Signs Date and Time (derived)	20 AUG 2020 12:45
Temperature (xxx.x)	36.5 C
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	63 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	150 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	93 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

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.

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Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

Was study treatment given?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If No, reason not given	Participant declined due to Adverse Event <input type="radio"/>
	Physician withheld dose due to Adverse Event <input type="radio"/>
	Death <input type="radio"/>
	Lost To Follow-Up <input type="radio"/>
	Physician Decision <input type="radio"/>
	Pregnancy <input type="radio"/>
	Protocol Deviation <input type="radio"/>
	Study Terminated by Sponsor <input type="radio"/>
	Withdrawal of Consent by Participant <input type="radio"/>
	Confirmed COVID-19 <input type="radio"/>
	Other <input type="radio"/>
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)	20 AUG 2020
What was the treatment time? (00:00-23:59)	12:08 (24 HR)
Treatment Date and Time (derived)	20 AUG 2020 12:08
Which arm was used to give treatment?	Left Arm <input checked="" type="radio"/>
	Right Arm <input type="radio"/>
What was the frequency of the study treatment dosing?	ONCE
What was the route of administration for the study treatment?	INTRAMUSCULAR

US3292241

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	20 AUG 2020
Collection time (<i>00:00-23:59</i>)	10:52 (24 HR)
Collection date and time (derived)	20 AUG 2020 10:52

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:50:08

Collection date (<i>dd MMM yyyy</i>)			20 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	11:21	20 AUG 2020 11:21
Nasopharyngeal Swab 2	No		

US3292241

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

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

97.7 °F

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

Yes ☐

No ☒

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

PC Time Stamp

20 AUG 2020 12:50

PC Open Date & Time

20 AUG 2020 12:28

PC Close Date & Time

20 AUG 2020 14:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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 99.4 °F

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

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

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

To **PREVENT** pain or fever from occurring False

PC Time Stamp 20 AUG 2020 18:56

PC Open Date & Time 20 AUG 2020 15:53

PC Close Date & Time 21 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

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

98.7 °F

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

Yes ☐

No ☒

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

PC Time Stamp

21 AUG 2020 16:06

PC Open Date & Time

21 AUG 2020 12:00

PC Close Date & Time

22 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

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

98.6 °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

22 AUG 2020 16:12

PC Open Date & Time

22 AUG 2020 12:00

PC Close Date & Time

23 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

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

97.7 °F

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

Yes ☐

No ☒

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

PC Time Stamp

23 AUG 2020 17:15

PC Open Date & Time

23 AUG 2020 12:00

PC Close Date & Time

24 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

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 <input checked="" type="radio"/>
	No <input type="radio"/>
Please record your TEMPERATURE in °F	99.4 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	24 AUG 2020 15:32
PC Open Date & Time	24 AUG 2020 12:00
PC Close Date & Time	25 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

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

98.9 °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):

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

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

25 AUG 2020 16:48

PC Open Date & Time

25 AUG 2020 12:00

PC Close Date & Time

26 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

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

99.6 °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):

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

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

26 AUG 2020 17:16

PC Open Date & Time

26 AUG 2020 12:00

PC Close Date & Time

27 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 8

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.

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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 <input checked="" type="radio"/>
	No <input type="radio"/>
Please record your TEMPERATURE in °F	98.8 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	27 AUG 2020 19:02
PC Open Date & Time	27 AUG 2020 12:00
PC Close Date & Time	28 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 9

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 28 AUG 2020 12:00

PC Close Date & Time 29 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 10

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 29 AUG 2020 12:00

PC Close Date & Time 30 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

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

20 AUG 2020 12:50

PC Open Date & Time

20 AUG 2020 12:28

PC Close Date & Time

20 AUG 2020 14:58

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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

20 AUG 2020 18:58

PC Open Date & Time

20 AUG 2020 15:53

PC Close Date & Time

21 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

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

21 AUG 2020 16:07

PC Open Date & Time

21 AUG 2020 12:00

PC Close Date & Time

22 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

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

22 AUG 2020 16:13

PC Open Date & Time

22 AUG 2020 12:00

PC Close Date & Time

23 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

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

23 AUG 2020 17:16

PC Open Date & Time

23 AUG 2020 12:00

PC Close Date & Time

24 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

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

24 AUG 2020 15:33

PC Open Date & Time

24 AUG 2020 12:00

PC Close Date & Time

25 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

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

25 AUG 2020 16:49

PC Open Date & Time

25 AUG 2020 12:00

PC Close Date & Time

26 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

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

26 AUG 2020 17:17

PC Open Date & Time

26 AUG 2020 12:00

PC Close Date & Time

27 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

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

No ☒

Yes ☐

PC Time stamp	20 AUG 2020 12:51
PC Open Date & Time	20 AUG 2020 12:28
PC Close Date & Time	20 AUG 2020 14:58

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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

No ☒

Yes ☐

PC Time stamp	20 AUG 2020 18:57
PC Open Date & Time	20 AUG 2020 15:53
PC Close Date & Time	21 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

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 ☒

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

Yes <input type="checkbox"/>	
PC Time stamp	21 AUG 2020 16:08
PC Open Date & Time	21 AUG 2020 12:00
PC Close Date & Time	22 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

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 ☒

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

Yes <input type="checkbox"/>	
PC Time stamp	22 AUG 2020 16:14
PC Open Date & Time	22 AUG 2020 12:00
PC Close Date & Time	23 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

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 ☒

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

Yes <input type="checkbox"/>	
PC Time stamp	23 AUG 2020 17:17
PC Open Date & Time	23 AUG 2020 12:00
PC Close Date & Time	24 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

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 ☒

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

Yes <input type="checkbox"/>	
PC Time stamp	24 AUG 2020 15:34
PC Open Date & Time	24 AUG 2020 12:00
PC Close Date & Time	25 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

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 ☒

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

Yes <input type="checkbox"/>	
PC Time stamp	25 AUG 2020 16:50
PC Open Date & Time	25 AUG 2020 12:00
PC Close Date & Time	26 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

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 ☒

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

Yes <input type="checkbox"/>	
PC Time stamp	26 AUG 2020 17:18
PC Open Date & Time	26 AUG 2020 12:00
PC Close Date & Time	27 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your

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 ☐

PC Time Stamp 27 AUG 2020 19:03

PC Open Date & Time 27 AUG 2020 12:00

PC Close Date & Time 28 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your

None ☐

HEADACHE

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 ☐

PC Time Stamp

PC Open Date & Time

28 AUG 2020 12:00

PC Close Date & Time

29 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 10

Select one response below to indicate the intensity of your

None ☐

HEADACHE

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 ☐

PC Time Stamp

PC Open Date & Time

29 AUG 2020 12:00

PC Close Date & Time

30 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your

FATIGUE

None ☐

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☒

PC Time Stamp

27 AUG 2020 19:03

PC Open Date & Time

27 AUG 2020 12:00

PC Close Date & Time

28 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your

None ☐

FATIGUE

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

PC Time Stamp

PC Open Date & Time

28 AUG 2020 12:00

PC Close Date & Time

29 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 10

Select one response below to indicate the intensity of your

None ☐

FATIGUE

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

PC Time Stamp

PC Open Date & Time

29 AUG 2020 12:00

PC Close Date & Time

30 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your **MUSCLE**

ACHES ALL OVER BODY

None ☐

No interference with activity ☐

Some interference with activity ☒

Significant; prevents daily activity ☐

PC Time stamp 27 AUG 2020 19:03

PC Open Date & Time 27 AUG 2020 12:00

PC Close Date & Time 28 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your **MUSCLE**

None ☐

ACHES ALL OVER BODY

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp

PC Open Date & Time

28 AUG 2020 12:00

PC Close Date & Time

29 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 10

Select one response below to indicate the intensity of your **MUSCLE**

None ☐

ACHES ALL OVER BODY

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp

PC Open Date & Time

29 AUG 2020 12:00

PC Close Date & Time

30 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your **JOINT**
ACHES IN SEVERAL JOINTS

None ☐

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily
activity ☐

PC Time stamp 27 AUG 2020 19:03

PC Open Date & Time 27 AUG 2020 12:00

PC Close Date & Time 28 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your **JOINT**

None ☐

ACHES IN SEVERAL JOINTS

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp

PC Open Date & Time

28 AUG 2020 12:00

PC Close Date & Time

29 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 10

Select one response below to indicate the intensity of your **JOINT**

None ☐

ACHES IN SEVERAL JOINTS

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp

PC Open Date & Time

29 AUG 2020 12:00

PC Close Date & Time

30 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 8

Select one response below to indicate the level of your

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 ☐

PC Time stamp 27 AUG 2020 19:04

PC Open Date & Time 27 AUG 2020 12:00

PC Close Date & Time 28 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 9

Select one response below to indicate the level of your

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 ☐

PC Time stamp

PC Open Date & Time

28 AUG 2020 12:00

PC Close Date & Time

29 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 10

Select one response below to indicate the level of your

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 ☐

PC Time stamp

PC Open Date & Time

29 AUG 2020 12:00

PC Close Date & Time

30 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT	DAY 8
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
PC Time stamp	27 AUG 2020 19:04
PC Open Date & Time	27 AUG 2020 12:00
PC Close Date & Time	28 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT	DAY 9
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
PC Time stamp	
PC Open Date & Time	28 AUG 2020 12:00
PC Close Date & Time	29 AUG 2020 11:59

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT	DAY 10
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
PC Time stamp	
PC Open Date & Time	29 AUG 2020 12:00
PC Close Date & Time	30 AUG 2020 11:59

US3292241

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

US3292241

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

US3292241

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

US3292241

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	24 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

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

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)	24 SEP 2020
Time of assessment (00:00-23:59)	12:05 (24 HR)
Vital Signs Date and Time (derived)	24 SEP 2020 12:05
Temperature (xxx.x)	37.6 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	85 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	142 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	98 mmHg
Diastolic Blood Pressure units	MMHG

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

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

US3292241

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

24 SEP 2020

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

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

Was study treatment given? Yes ☐
No ☒

If No, reason not given

Participant declined due to ☒
Adverse Event
Physician withheld dose due to ☐
Adverse Event
Death ☐
Lost To Follow-Up ☐
Physician Decision ☐
Pregnancy ☐
Protocol Deviation ☐
Study Terminated by Sponsor ☐
Withdrawal of Consent by ☐
Participant
Confirmed COVID-19 ☐
Other ☐

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

What was the study treatment? _____

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

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

Treatment Date and Time (derived) _____

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

What was the frequency of the study treatment dosing? _____

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

US3292241

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	24 SEP 2020
Collection time (<i>00:00-23:59</i>)	12:28 (24 HR)
Collection date and time (derived)	24 SEP 2020 12:28

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:50:08

Collection date (dd MMM yyyy)			24 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	13:02	24 SEP 2020 13:02
Nasopharyngeal Swab 2	No		

US3292241

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

Was Contact Attempted?

Yes ☒

No ☐

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

1 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3292241

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

Was Contact Attempted?

Yes ☒

No ☐

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

8 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3292241

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

Was Contact Attempted?

Yes ☒

No ☐

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

15 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3292241

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	27 OCT 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

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	27 OCT 2020
Time of assessment (<i>00:00-23:59</i>)	11:09 (24 HR)
Vital Signs Date and Time (derived)	27 OCT 2020 11:09
Temperature (<i>xxx.x</i>)	37.3 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	86 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	129 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	91 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3292241

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

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.

US3292241

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	27 OCT 2020
Collection time (<i>00:00-23:59</i>)	11:39 (24 HR)
Collection date and time (derived)	27 OCT 2020 11:39

US3292241

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

28 OCT 2020 13:17:30

Patient Cloud Open Date & Time

27 OCT 2020 00:01

Patient Cloud Close Date & Time

31 OCT 2020 23:59

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> Yes <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 checked="" type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/>
Date and time of submission	04 NOV 2020 14:03:22
Patient Cloud Open Date & Time	03 NOV 2020 00:01
Patient Cloud Close Date & Time	07 NOV 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2020 00:01
Patient Cloud Close Date & Time	21 OCT 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2020 00:01
Patient Cloud Close Date & Time	28 OCT 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

04 NOV 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	07 NOV 2020 00:01
Patient Cloud Close Date & Time	11 NOV 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

18 NOV 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 96

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

24 NOV 2020 14:24:02

Patient Cloud Open Date & Time

21 NOV 2020 00:01

Patient Cloud Close Date & Time

25 NOV 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

02 DEC 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	05 DEC 2020 00:01
Patient Cloud Close Date & Time	09 DEC 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	12 DEC 2020 00:01
Patient Cloud Close Date & Time	16 DEC 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	19 DEC 2020 00:01
Patient Cloud Close Date & Time	23 DEC 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	26 DEC 2020 00:01
Patient Cloud Close Date & Time	30 DEC 2020 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

02 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

06 JAN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	09 JAN 2021 00:01
Patient Cloud Close Date & Time	13 JAN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

20 JAN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

23 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

27 JAN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

03 FEB 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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 FEB 2021 00:01
Patient Cloud Close Date & Time	10 FEB 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

13 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

17 FEB 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

24 FEB 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

27 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

03 MAR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

06 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

10 MAR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

13 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

17 MAR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

20 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

24 MAR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	27 MAR 2021 00:01
Patient Cloud Close Date & Time	31 MAR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

03 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

07 APR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

14 APR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

17 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

21 APR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

DAY 250

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

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

Please contact your study clinic immediately. Click below to confirm that you have read this 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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

28 APR 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

01 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

05 MAY 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

08 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

12 MAY 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

15 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

19 MAY 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

22 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

26 MAY 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

29 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

02 JUN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

09 JUN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

12 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

16 JUN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

19 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

23 JUN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

30 JUN 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

03 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

07 JUL 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

10 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

14 JUL 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	17 JUL 2021 00:01
Patient Cloud Close Date & Time	21 JUL 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

24 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

28 JUL 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

31 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

04 AUG 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

11 AUG 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

Patient Cloud Open Date & Time	14 AUG 2021 00:01
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Patient Cloud Close Date & Time	18 AUG 2021 23:59
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US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

25 AUG 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

28 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

01 SEP 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐
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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

04 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

08 SEP 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

15 SEP 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

18 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

22 SEP 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	25 SEP 2021 00:01
Patient Cloud Close Date & Time	29 SEP 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

02 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

06 OCT 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

09 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

13 OCT 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

16 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

20 OCT 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

23 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

27 OCT 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐
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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

03 NOV 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

06 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

10 NOV 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	13 NOV 2021 00:01
Patient Cloud Close Date & Time	17 NOV 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

20 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

24 NOV 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

27 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

01 DEC 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	04 DEC 2021 00:01
Patient Cloud Close Date & Time	08 DEC 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

11 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

15 DEC 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

18 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

22 DEC 2021 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

Patient Cloud Open Date & Time	25 DEC 2021 00:01
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Patient Cloud Close Date & Time	29 DEC 2021 23:59
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US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

01 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

05 JAN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

12 JAN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

15 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

19 JAN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

26 JAN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

29 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

02 FEB 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	05 FEB 2022 00:01
Patient Cloud Close Date & Time	09 FEB 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	12 FEB 2022 00:01
Patient Cloud Close Date & Time	16 FEB 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

19 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

23 FEB 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

26 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

02 MAR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	05 MAR 2022 00:01
Patient Cloud Close Date & Time	09 MAR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

12 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

16 MAR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

19 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

23 MAR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

Patient Cloud Open Date & Time	26 MAR 2022 00:01
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Patient Cloud Close Date & Time	30 MAR 2022 23:59
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US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

02 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

06 APR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

09 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

13 APR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	16 APR 2022 00:01
Patient Cloud Close Date & Time	20 APR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	23 APR 2022 00:01
Patient Cloud Close Date & Time	27 APR 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

30 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

04 MAY 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

07 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

11 MAY 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

14 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

18 MAY 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

21 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

25 MAY 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

28 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

01 JUN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

04 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

08 JUN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

11 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

15 JUN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

18 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

22 JUN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	25 JUN 2022 00:01
Patient Cloud Close Date & Time	29 JUN 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	02 JUL 2022 00:01
Patient Cloud Close Date & Time	06 JUL 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

13 JUL 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	16 JUL 2022 00:01
Patient Cloud Close Date & Time	20 JUL 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

23 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

27 JUL 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

03 AUG 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐
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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

06 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

10 AUG 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

Patient Cloud Open Date & Time	13 AUG 2022 00:01
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Patient Cloud Close Date & Time	17 AUG 2022 23:59
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US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	20 AUG 2022 00:01
Patient Cloud Close Date & Time	24 AUG 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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="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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

27 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

31 AUG 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

03 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

07 SEP 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

10 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

14 SEP 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

17 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

21 SEP 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	24 SEP 2022 00:01
Patient Cloud Close Date & Time	28 SEP 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	01 OCT 2022 00:01
Patient Cloud Close Date & Time	05 OCT 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 ☐

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

08 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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 <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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	15 OCT 2022 00:01
Patient Cloud Close Date & Time	19 OCT 2022 23:59

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

26 OCT 2022 23:59

US3292241

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

Was Contact Attempted?

Yes ☒

No ☐

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

19 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3292241

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3292241

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

US3292241

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3292241

Folder: Covid-19 Assessment (14)

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact	
Time of Contact	
Date and Time of Contact (derived)	
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input type="checkbox"/>
	Safety Call <input type="checkbox"/>
	Convalescent Tele-visit <input type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

US3292241

Folder: Covid-19 Assessment (14)

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact	
Time of Contact	
Date and Time of Contact (derived)	
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input type="checkbox"/>
	Safety Call <input type="checkbox"/>
	Convalescent Tele-visit <input type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 04 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study
Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study
Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 06 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 07 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 08 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 09 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 10 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact	
Time of Contact	
Date and Time of Contact (derived)	
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input type="checkbox"/>
	Safety Call <input type="checkbox"/>
	Convalescent Tele-visit <input type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

US3292241

Folder: Covid-19 Assessment 10 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 13 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 13 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 14 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 14 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

Generate Next COVID-19 Assessment

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact	27 AUG 2020
Time of Contact	13:05
Date and Time of Contact (derived)	27 AUG 2020 13:05
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"/>

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

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"/>

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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	98 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 type="radio"/>
v6.020 DTW (1102)	385 of 3037	

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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 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"/>

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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"/>

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

	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	35.7 C	
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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input type="radio"/>
v6.020 DTW (1102)	389 of 3037	

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Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

	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 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 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"/>

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Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

	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	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	37.1 C	
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 type="radio"/>
	Mild	<input checked="" 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)	393 of 3037	

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Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

	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 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"/>

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Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

	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 type="radio"/>
	Mild	<input checked="" 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"/>

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Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

	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	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	37.2 C	
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 type="radio"/>
	Mild	<input checked="" 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)	397 of 3037	

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Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

	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	1 SEP 2020	
Assessment Not Done	False	
O2 Saturation	100 %	
O2 Saturation Units	%	
Temperature	37.6 C	
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)	401 of 3037	

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

	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	2 SEP 2020	
Assessment Not Done	False	
O2 Saturation	96 %	
O2 Saturation Units	%	
Temperature	36.8 C	
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 type="radio"/>
v6.020 DTW (1102)	405 of 3037	

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

	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	3 SEP 2020	
Assessment Not Done	False	
O2 Saturation	96 %	
O2 Saturation Units	%	
Temperature	37.6 C	
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)	409 of 3037	

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

	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 type="radio"/>
	Mild	<input checked="" 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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

	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	4 SEP 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	36.4 C	
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)	413 of 3037	

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

	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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

	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	5 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	36.8 C	
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)	417 of 3037	

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

	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	6 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	37.1 C	
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)	421 of 3037	

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

	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	7 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	36.8 C	
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)	425 of 3037	

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

	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	8 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	36.4 C	
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)	429 of 3037	

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

	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	9 SEP 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	36.9 C	
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)	433 of 3037	

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

	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	10 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	37.0 C	
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)	437 of 3037	

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

	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	11 SEP 2020	
Assessment Not Done	False	
O2 Saturation	91 %	
O2 Saturation Units	%	
Temperature	37.4 C	
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 type="radio"/>
	Mild	<input checked="" 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)	441 of 3037	

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

	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 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 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"/>

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

	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	12 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	36.8 C	
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 type="radio"/>
	Mild	<input checked="" 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)	445 of 3037	

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

	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 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 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"/>

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[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"/>

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	100 %	
O2 Saturation Units	%	
Temperature	36.7 C	
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)	449 of 3037	

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
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"/>
<hr/>		
Body Aches	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
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"/>
<hr/>		
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"/>
<hr/>		
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	37.1 C	
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 type="radio"/>
v6.020 DTW (1102)	453 of 3037	

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

	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 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"/>

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

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 type="checkbox"/>
Day 20	<input checked="" 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"/>

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	37.0 C	
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)	457 of 3037	

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

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 type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input checked="" 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"/>

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	94 %	
O2 Saturation Units	%	
Temperature	37.0 C	
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 type="radio"/>
v6.020 DTW (1102)	461 of 3037	

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

	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"/>

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

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 type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input checked="" 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"/>

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	36.8 C	
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 type="radio"/>
v6.020 DTW (1102)	465 of 3037	

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

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 type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input checked="" 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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	36.2 C	
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 type="radio"/>
v6.020 DTW (1102)	469 of 3037	

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

	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	37.0 C	
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)	473 of 3037	

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

	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 type="checkbox"/>
	Moderate	<input checked="" type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

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 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"/>

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

	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	
------	--

Assessment Not Done	False
---------------------	-------

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"/>
---------	-------------------------------

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

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 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 checked="" 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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

	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 SEP 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	36.4 C	
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)	481 of 3037	

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Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

	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"/>

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit	28 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 type="radio"/> No <input type="radio"/>
Date of Test	27 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) _____	

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☒

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

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"/>

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Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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	98.3 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 type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input type="radio"/>
v6.020 DTW (1102)	488 of 3037	

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Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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 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 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"/>

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Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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"/>

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact

Time of Contact

Date and Time of Contact (derived)

Type of Contact

Clinic Visit - Scheduled ☐

Clinical Visit - Unscheduled ☐

Safety Call ☐

Convalescent Tele-visit ☐

Has the subject reported symptoms of SARS-COV-2?

Yes ☐

No ☐

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

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 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"/>

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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	
------	--

Assessment Not Done	False
---------------------	-------

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"/>
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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

	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"/>

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

Date of Contact	
Time of Contact	
Date and Time of Contact (derived)	
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input type="checkbox"/>
	Safety Call <input type="checkbox"/>
	Convalescent Tele-visit <input type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Date of Visit

Was the Subject Tested For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Yes ☐

No ☐

Date of Test

Type of Test Performed

Nasopharyngeal Swab ☐

Nasal Swab ☐

Saliva Test ☐

Other ☐

Other, specify

Was this diagnostic test performed at a lab other than the Study
Central Lab?

Yes ☐

No ☐

If yes, provide lab information below

Lab/ Institution Test Performed

CLIA Certified?

Yes ☐

No ☐

COVID-19 Positive (CSA Programming Field Only)

0

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Folder: Covid-19 Assessment 31 Aug 2020

Form: Generate Next COVID-19 Assessment

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[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☐

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Folder: Illness Visit (1)

Form: Saliva Collection

Generated On: 26 Nov 2020 10:50:08

Visit	Was Saliva Collected?	Date of Collection
Day 3	Yes	29 AUG 2020
Day 5	Yes	31 AUG 2020
Day 7	Yes	02 SEP 2020
Day 9	Yes	04 SEP 2020
Day 14	Yes	09 SEP 2020
Day 21	Yes	16 SEP 2020
Day 28	No	

US3292241

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	27 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home <input checked="" type="radio"/>
	Clinic <input type="radio"/>
Folder OID	SICKD1

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Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	27 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	13:05 (24 HR)
Vital Signs Date and Time (derived)	27 AUG 2020 13:05
Height (<i>xxx.x</i>)	167.6 cm
Weight (<i>xxx.x</i>)	141.2 kg
Temperature (<i>xxx.x</i>)	37.0 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	74 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	18 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>)	79 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

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Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

27 AUG 2020

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

US3292241

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:50:08

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

27 AUG 2020

US3292241

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

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
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Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Were vital signs assessed?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
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="checkbox"/>
	Axillary <input type="checkbox"/>
	Other <input type="checkbox"/>
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)	

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Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

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.

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Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:50:08

Was Blood Sample Taken for Immunologic Assessment of	Yes	<input type="checkbox"/>
SARS_COV-2 Infection?	No	<input type="checkbox"/>
	NA (COVID-19 Negative)	<input type="checkbox"/>

Date of Collection	
--------------------	--

US3292241

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:50:08

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

AEID	
Adverse event	SWOLLEN LYMPHNODES
Was this a medically-attended AE?	Yes <input type="radio"/> No <input checked="" 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 type="radio"/> No <input checked="" type="radio"/>
Start date (dd MMM yyyy)	21 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)	27 OCT 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	
Persistent or significant disability or incapacity	False

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input type="radio"/> Related <input checked="" 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 Withdrawn <input type="radio"/> Not Applicable <input checked="" type="radio"/>
Other action taken (check all that apply)	
None	True
Concomitant Medication	False
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	
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	0
Admitted to ICU Derived (CSA Programming Field Only)	

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

AEID

Adverse event

LEFT EYE SWELLING

Was this a medically-attended AE?

Yes ☐

No ☒

Was this a Solicited Adverse Reaction?

Yes ☐

No ☒

Is this event a confirmed diagnosis of Symptomatic Covid-19?

Yes ☐

No ☒

Start date (dd MMM yyyy)

21 AUG 2020

Start time (00:00-23:59)

AE start date and time (derived)

Ongoing?

Yes ☒

No ☐

If not Ongoing, end date (dd MMM yyyy)

End time (00:00-23:59)

AE End Date and Time (derived)

Severity

Grade 1/Mild ☒

Grade 2/Moderate ☐

Grade 3/Severe ☐

Grade 4 ☐

Is the adverse event serious?

Yes ☐

No ☒

AE is serious due To (check all that apply)

Death False

Life threatening False

Requires inpatient or prolongation of existing Hospitalization False

Hospital Admission Date (dd MMM yyyy)

Hospital Discharge Date (dd MMM yyyy)

Admitted to ICU?

Yes ☐

No ☐

Unknown ☐

Number of Days in ICU

Persistent or significant disability or incapacity

False

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Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

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 checked="" type="radio"/> Dose Delayed <input type="radio"/> Investigational Product Withdrawn <input type="radio"/> Not Applicable <input type="radio"/>
Other action taken (check all that apply)	
None	True
Concomitant Medication	False
Concomitant Procedure	False
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input type="radio"/> Recovered/Resolved <input type="radio"/> Recovered/Resolved with Sequelae <input type="radio"/> Recovering/Resolving <input checked="" type="radio"/> Unknown <input type="radio"/>
If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:	
Narrative	
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	0
Admitted to ICU Derived (CSA Programming Field Only)	

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

AEID	
Adverse event	OCCIPITAL HEADACHE
Was this a medically-attended AE?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Was this a Solicited Adverse Reaction?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Start date (dd MMM yyyy)	20 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)	30 SEP 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	
Persistent or significant disability or incapacity	False

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Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input type="radio"/> Related <input checked="" 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	
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	0
Admitted to ICU Derived (CSA Programming Field Only)	

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Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

AEID	
Adverse event	FATIGUE
Was this a medically-attended AE?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Was this a Solicited Adverse Reaction?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Start date (dd MMM yyyy)	20 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)	21 SEP 2020
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild <input checked="" type="radio"/> Grade 2/Moderate <input 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	
Persistent or significant disability or incapacity	False

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Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input type="radio"/> Related <input checked="" 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 Withdrawn <input type="radio"/> Not Applicable <input checked="" 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	
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	0
Admitted to ICU Derived (CSA Programming Field Only)	

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:50:08

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

Yes ☒

No ☐

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

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	MULTIVITAMIN
Prophylaxis	Yes <input checked="" type="radio"/> No <input type="radio"/>
Indication	SUPPLEMENT
Dose per administration	1
Dose unit	mg <input type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input checked="" type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input checked="" 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 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"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

	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 (dd MMM yyyy)	UN	UNK 1960
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <input type="text"/>		
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	QUERCETIN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	SEASONAL ALLERGIES
Dose per administration	1
Dose unit	mg <input type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input checked="" type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input checked="" 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 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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

	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)	UN	UNK 2000
Start date completely unknown		False
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived)		1
Interval Dosage Unit Number (derived)		1
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	MELATONIN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	INSOMNIA
Dose per administration	3
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"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

	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 (dd MMM yyyy)	UN	UNK 2015
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <input type="text"/>		
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	<input type="text"/>	
Interval Dosage Unit Number (derived)	<input type="text"/>	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input type="radio"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	REFRESH PLUS EYE DROPS
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	DRY EYES
Dose per administration	2
Dose unit	mg <input 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 checked="" type="radio"/>
If dose unit is Other, specify	DROPS
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 type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input checked="" type="radio"/> Intramuscular <input type="radio"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

	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)		UN UNK 2000
Start date completely unknown		False
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived) _____		
Interval Dosage Unit Number (derived) _____		
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input type="radio"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	FIBER
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	CONSTIPATION
Dose per administration	1
Dose unit	mg <input type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input checked="" 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"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

	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 (dd MMM yyyy)	UN	UNK 2000
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <input type="text"/>		
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	<input type="text"/>	
Interval Dosage Unit Number (derived)	<input type="text"/>	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input type="radio"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	TELMISARTAN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HYPERTENSION
Dose per administration	5
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 checked="" 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 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"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

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)	UN JAN 2020
Start date completely unknown	False
Ongoing?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____	
Was this medication taken for solicited event?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802 <input type="radio"/>
	803 <input type="radio"/>
	804 <input checked="" type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	MONTELUKAST
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	SEASONAL ALLERGIES
Dose per administration	5
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 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 checked="" 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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

	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 (dd MMM yyyy)	UN	UNK 2017
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <input type="text"/>		
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	<input type="text"/>	
Interval Dosage Unit Number (derived)	<input type="text"/>	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input type="radio"/>

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	NASACORT
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	SEASONAL ALLERGIES
Dose per administration	220
Dose unit	mg <input type="radio"/> ug <input checked="" 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 type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input checked="" 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 <hr/>		
Start date (dd MMM yyyy)	UN UNK 2010	
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <hr/>		
Was this medication taken for solicited event?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
Separate Dosage Number (derived)	<hr/>	
Interval Dosage Unit Number (derived)	<hr/>	
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input type="checkbox"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	NATURE THYROID
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HYPOTHYROIDISM
Dose per administration	48.75
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 checked="" 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 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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

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)	UN UNK 2001
Start date completely unknown	False
Ongoing?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____	
Was this medication taken for solicited event?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802 <input type="radio"/>
	803 <input type="radio"/>
	804 <input checked="" type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	ZOLPIDEM
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	INSOMNIA
Dose per administration	5
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 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 checked="" 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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

	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 <hr/>		
Start date (dd MMM yyyy)	UN UNK 2015	
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	<hr/>	
Interval Dosage Unit Number (derived)	<hr/>	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	ESTROGEN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HORMONE REPLACEMENT
Dose per administration	1
Dose unit	mg <input 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 checked="" type="radio"/>
If dose unit is Other, specify	APPLICATION
Frequency	once daily <input checked="" 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 type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input type="radio"/> Topical <input checked="" type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

	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)	UN UNK 2000	
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	PROGESTERONE
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HORMONE REPLACEMENT
Dose per administration	100
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 checked="" 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 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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

	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)	UN	UNK 2000
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	PREDNISOLONE
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	ASTHMA
Dose per administration	10
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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

	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 (dd MMM yyyy)	UN	UNK 2015
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <input type="text"/>		
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	<input type="text"/>	
Interval Dosage Unit Number (derived)	<input type="text"/>	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	CLINDAMYCIN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	TOOTH INFECTION
Dose per administration	150
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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

	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 <hr/>		
Start date (dd MMM yyyy)		22 SEP 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy)		24 SEP 2020
Was this medication taken for solicited event?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
Separate Dosage Number (derived)	<hr/>	
Interval Dosage Unit Number (derived)	<hr/>	
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input type="checkbox"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	INFLUENZA VACINE
Prophylaxis	Yes <input checked="" type="radio"/> No <input type="radio"/>
Indication	PROPHYLAXIS
Dose per administration	1
Dose unit	mg <input 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 checked="" type="radio"/>
If dose unit is Other, specify	INJECTION
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 type="radio"/> once <input checked="" type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input checked="" type="radio"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

	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)		13 OCT 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If not Ongoing, End date (dd MMM yyyy)		13 OCT 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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

Name of Medication	TYLENOL
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	REACTOGENICITY (HEADACHES,FATIGUE)
Dose per administration	500
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"/>

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

	Intramuscular	<input type="checkbox"/>
	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)		20 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) 27 AUG 2020		
Was this medication taken for solicited event?	Yes	<input checked="" type="checkbox"/>
	No	<input 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"/>

US3292241

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:50:08

Were any concomitant procedures performed?

Yes ☐

No ☐

If yes, please complete Concomitant Procedures form.

US3292241

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:50:08

Date of dosing discontinuation (dd MMM yyyy)

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

US3292241

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 10:50:08

Date of study discontinuation/completion (*dd MMM yyyy*)

Reason for discontinuation

AE (specify) ☐

SAE (specify) ☐

Complete ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by
participant (specify) ☐

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent by
participant, Protocol deviation, or Other, specify

If reason for discontinuation is Death, main cause of death

Adverse event ☐

Unknown ☐

Other ☐

If main cause of death is Other, specify

Date of death (*dd MMM yyyy*)

Was autopsy performed?

Yes ☐

No ☐

Unknown ☐

Audit

US3292241 (Prod: Clinical Trials of Texas, Inc)

US3292241

Form: Participant Creation

Generated On: 26 Nov 2020 10:50:08

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3292241'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	20 Aug 2020 14:24:38

US3292241

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:45:03

US3292241

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '20 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	20 Aug 2020 14:24:39

US3292241

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	21 Aug 2020 14:45:03

US3292241

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	21 Aug 2020 14:45:03

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
User entered (b) (6) 1953'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	20 Aug 2020 14:24:40

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Age](#)

Audit	User	Time (GMT)
User entered '67'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '67'	System	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Sex](#)

Audit	User	Time (GMT)
User entered 'Female (F)'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[White](#)

Audit	User	Time (GMT)
User entered 'I'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Black](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Other](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[If race is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:50:08

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:45:33

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[Month and Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Aug 2020'	System	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered '2020'	System	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[Protocol Version](#)

Audit	User	Time (GMT)
User entered 'Amendment 2 (2)'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[Was participant enrolled in the study?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[If No, indicate reason for screen fail](#)

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:17:28

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	20 Aug 2020 14:24:39

US3292241

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:50:08

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered 'I'	System	20 Aug 2020 17:17:36

US3292241

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:50:08

[Did the participant meet all eligibility criteria?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:17:36

US3292241

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:50:08

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:45:53

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Allergies to foods, food additives, drugs and other chemicals, PT: Drug hypersensitivity, LLT: Sulfonamide allergy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 21:38:17
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 21:38:17
Data point term sent to Coder	System	21 Aug 2020 14:47:16
User entered 'Allergies - sulfa drugs'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:46:23

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Atopic disorders, PT: Seasonal allergy, LLT: Seasonal allergy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:48:25
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:48:25
Data point term sent to Coder	System	21 Aug 2020 14:47:19
User entered 'seasonal allergies - cedar'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1959'	(b) (4), (b) (6)	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1959'	System	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1959'	System	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:46:57

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Atopic disorders, PT: Seasonal allergy, LLT: Seasonal allergy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	27 Sep 2020 17:11:41
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	27 Sep 2020 17:11:41
Data point term sent to Coder	System	21 Aug 2020 14:47:23
User entered 'Seasonal allergies - oak'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1959'	(b) (4), (b) (6)	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1959'	System	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1959'	System	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:47:20

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Allergic conditions NEC, PT: Mycotic allergy, LLT: Allergy to molds - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 13:53:38
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 13:53:38
Data point term sent to Coder	System	21 Aug 2020 14:48:24
User entered 'Seasonal allergies - mold'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1959'	(b) (4), (b) (6)	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1959'	System	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1959'	System	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:47:46

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Allergies to foods, food additives, drugs and other chemicals, PT: Food allergy, LLT: Fruit allergy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 23:10:27
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 23:10:27
Data point term sent to Coder	System	21 Aug 2020 14:48:26
User entered 'Food allergy - melon'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1960'	(b) (4), (b) (6)	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1960'	System	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1960'	System	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:48:11

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Allergies to foods, food additives, drugs and other chemicals, PT: Rubber sensitivity, LLT: Latex allergy - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:50:18
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:50:18
Data point term sent to Coder	System	21 Aug 2020 14:49:30
User entered 'Allergy - latex'	(b) (4), (b) (6)	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:48:36

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Endocrine gland therapeutic procedures, HLT: Hormonal therapeutic procedures NEC, PT: Hormone replacement therapy, LLT: Hormone replacement therapy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:50:17
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:50:17
Data point term sent to Coder	System	21 Aug 2020 14:49:30
User entered 'Hormone replacement therapy'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:49:17

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLG: Hepatobiliary therapeutic procedures, HLT: Biliary tract and gallbladder therapeutic procedures, PT: Cholecystectomy, LLT: Cholecystectomy - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:51:21
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:51:21
Data point term sent to Coder	System	21 Aug 2020 14:50:35
User entered 'Cholecystectomy'	(b) (4), (b) (6)	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2003'	(b) (4), (b) (6)	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2003'	(b) (4), (b) (6)	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2003'	System	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2003'	System	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2003'	System	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2003'	System	21 Aug 2020 14:49:47

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Endocrine gland therapeutic procedures, HLT: Thyroid therapeutic procedures, PT: Thyroidectomy, LLT: Thyroidectomy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:51:21
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:51:21
Data point term sent to Coder	System	21 Aug 2020 14:50:35
User entered 'Thyroidectomy'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2001'	(b) (4), (b) (6)	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2001'	(b) (4), (b) (6)	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2001'	System	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2001'	System	21 Aug 2020 14:50:12

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Pregnancy, puerperium and perinatal conditions, HLGT: Pregnancy, labour, delivery and postpartum conditions, HLT: Normal pregnancy, labour and delivery, PT: Delivery, LLT: Vaginal delivery - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:51:38
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:51:38
Data point term sent to Coder	System	21 Aug 2020 14:50:35
User entered 'Vaginal delivery'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1989'	(b) (4), (b) (6)	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1989'	(b) (4), (b) (6)	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1989'	System	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1989'	System	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1989'	System	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1989'	System	21 Aug 2020 14:50:32

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Pregnancy, puerperium and perinatal conditions, HLGT: Pregnancy, labour, delivery and postpartum conditions, HLT: Normal pregnancy, labour and delivery, PT: Delivery, LLT: Vaginal delivery - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:52:25
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:52:25
Data point term sent to Coder	System	21 Aug 2020 14:51:38
User entered 'Vaginal delivery'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1991'	(b) (4), (b) (6)	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1991'	(b) (4), (b) (6)	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1991'	System	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1991'	System	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1991'	System	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (11)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1991'	System	21 Aug 2020 14:50:57

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Nervous system, skull and spine therapeutic procedures, HLT: Spine and spinal cord therapeutic procedures, PT: Intervertebral disc operation, LLT: Cervical discectomy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 23:05:23
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 23:05:23
Data point term sent to Coder	System	21 Aug 2020 14:52:40
User entered 'Discectomy - C5-C6'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2007'	(b) (4), (b) (6)	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2007'	(b) (4), (b) (6)	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2007'	System	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2007'	System	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2007'	System	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (12)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2007'	System	21 Aug 2020 14:51:53

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Obstetric and gynaecological therapeutic procedures, HLT: Uterine therapeutic procedures, PT: Hysterectomy, LLT: Total hysterectomy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:53:26
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:53:26
Data point term sent to Coder	System	21 Aug 2020 14:52:43
User entered 'Total hysterectomy'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (13)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:52:25

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Obstetric and gynaecological therapeutic procedures, HLT: Fallopian tube therapeutic procedures, PT: Salpingo-oophorectomy bilateral, LLT: Bilateral salpingo-oophorectomy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 21:58:27
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 21:58:27
Data point term sent to Coder	System	21 Aug 2020 14:54:48
User entered 'Bilateral salpingo - oophorectomy'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (14)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:54:19

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Eye disorders, HLGT: Vision disorders, HLT: Refractive and accommodative disorders, PT: Myopia, LLT: Myopia - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:55:18
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:55:18
Data point term sent to Coder	System	21 Aug 2020 14:54:48
User entered 'Myopia'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1967'	(b) (4), (b) (6)	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1967'	System	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1967'	System	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (15)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:54:38

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Eye disorders, HLGT: Eye disorders NEC, HLT: Lacrimation disorders, PT: Dry eye, LLT: Dry eyes - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:57:17
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:57:17
Data point term sent to Coder	System	21 Aug 2020 14:55:51
User entered 'Dry eyes'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (16)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:54:57

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Respiratory, thoracic and mediastinal disorders, HLGT: Bronchial disorders (excl neoplasms), HLT: Bronchospasm and obstruction, PT: Asthma, LLT: Asthma - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:57:17
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:57:17
Data point term sent to Coder	System	21 Aug 2020 14:55:53
User entered 'Asthma'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1983'	(b) (4), (b) (6)	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1983'	System	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1983'	System	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (17)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:55:34

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Vascular disorders, HLGT: Vascular hypertensive disorders, HLT: Vascular hypertensive disorders NEC, PT: Hypertension, LLT: Hypertension - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:57:17
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 14:57:17
Data point term sent to Coder	System	21 Aug 2020 14:55:53
User entered 'Hypertension'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (18)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:55:49

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Gastrointestinal disorders, HLG: Gastrointestinal motility and defaecation conditions, HLT: Gastrointestinal atonic and hypomotility disorders NEC, PT: Constipation, LLT: Constipation - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:57:18
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:57:18
Data point term sent to Coder	System	21 Aug 2020 14:56:55
User entered 'Constipation'	(b) (4), (b) (6)	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (19)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:56:07

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Hepatobiliary disorders, HLG: Gallbladder disorders, HLT: Cholecystitis and cholelithiasis, PT: Cholelithiasis, LLT: Cholelithiasis - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:57:18
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:57:18
Data point term sent to Coder	System	21 Aug 2020 14:56:56
User entered 'Cholelithiasis'	(b) (4), (b) (6)	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2003'	(b) (4), (b) (6)	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2003'	(b) (4), (b) (6)	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2003'	System	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2003'	System	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2003'	System	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (20)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2003'	System	21 Aug 2020 14:56:47

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
Query 'Per DM CLR: Please note that there is no Con Med listed for this condition and treatment would be expected. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' answered with 'incorrect. Nature thyroid entered in EDC for indication hypothyroidism' (Site from DM).	(b) (4), (b) (6)	21 Sep 2020 19:47:31
User opened query 'Per DM CLR: Please note that there is no Con Med listed for this condition and treatment would be expected. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' (Site from DM).	(b) (4), (b) (6)	21 Sep 2020 13:11:29
User coded data point as SOC: Endocrine disorders, HLGT: Thyroid gland disorders, HLT: Thyroid hypofunction disorders, PT: Hypothyroidism, LLT: Hypothyroidism - version MedDRA\23.0.	Coder Import (b) (4)	21 Aug 2020 14:59:24
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	(b) (4)	21 Aug 2020 14:59:24
Data point term sent to Coder	System	21 Aug 2020 14:57:57
User entered 'Hypothyroidism'	(b) (4), (b) (6)	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2001'	(b) (4), (b) (6)	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	(b) (4), (b) (6)	21 Aug 2020 14:57:36
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 14:57:51
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	21 Aug 2020 14:57:51
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 14:57:36
User entered 'N UNK 2001' (non-conformant).	(b) (4), (b) (6)	21 Aug 2020 14:57:36
User entered 'un UNK 2001'	(b) (4), (b) (6)	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2001'	System	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:57:36
User entered 'Jan 2001'	System	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (21)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:57:36
User entered '2001'	System	21 Aug 2020 14:57:12

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Endocrine disorders, HLGT: Thyroid gland disorders, HLT: Thyroid hyperfunction disorders, PT: Hyperthyroidism, LLT: Hyperthyroidism - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:59:25
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 14:59:25
Data point term sent to Coder	System	21 Aug 2020 14:59:02
User entered 'Hyperthyroidism'	(b) (4), (b) (6)	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2001'	(b) (4), (b) (6)	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2001'	(b) (4), (b) (6)	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2001'	System	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (22)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2001'	System	21 Aug 2020 14:58:18

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Reproductive system and breast disorders, HLGT: Menopause related conditions, HLT: Menopausal effects NEC, PT: Artificial menopause, LLT: Surgical menopause - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:00:25
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:00:25
Data point term sent to Coder	System	21 Aug 2020 14:59:05
User entered 'Surgical menopause'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (23)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 14:59:03

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
Query 'Per DM CLR: Please review if this Condition is still ongoing as it was noted that a surgical procedure of MH #12 DISCECTOMY was performed in UN UNK 2007. Please review and update if appropriate. Otherwise, clarify.' answered with 'updated' (Site from DM).	Dawn Killian (b) (4)	21 Sep 2020 23:54:30
User opened query 'Per DM CLR: Please review if this Condition is still ongoing as it was noted that a surgical procedure of MH #12 DISCECTOMY was performed in UN UNK 2007. Please review and update if appropriate. Otherwise, clarify.' (Site from DM).	(b) (4), (b) (6)	21 Sep 2020 13:12:01
User coded data point as SOC: Musculoskeletal and connective tissue disorders, HLGT: Musculoskeletal and connective tissue deformities (incl intervertebral disc disorders), HLT: Intervertebral disc disorders NEC, PT: Intervertebral disc protrusion, LLT: Intervertebral disc bulging - version MedDRA\\23.0.	Coder Import (b) (4)	25 Aug 2020 21:18:39
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4)	25 Aug 2020 21:18:39
Data point term sent to Coder	System	21 Aug 2020 15:00:08
User entered 'Bulging disc (C5,C6)'	(b) (4), (b) (6)	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2007'	(b) (4), (b) (6)	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Dawn Killian (b) (4)	21 Sep 2020 23:54:16
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN UNK 2007' reason for change:	Dawn Killian (b) (4)	21 Sep 2020 23:54:16
Data Entry Error	(b) (4)	
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2007'	System	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2007'	System	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2007'	System	21 Sep 2020 23:54:16
User entered empty.	System	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (24)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2007'	System	21 Sep 2020 23:54:16
User entered empty.	System	21 Aug 2020 14:59:41

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Psychiatric disorders, HLGT: Sleep disorders and disturbances, HLT: Disturbances in initiating and maintaining sleep, PT: Insomnia, LLT: Insomnia - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 15:02:17
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	21 Aug 2020 15:02:17
Data point term sent to Coder	System	21 Aug 2020 15:01:11
User entered 'Insomnia'	(b) (4), (b) (6)	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2015'	(b) (4), (b) (6)	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2015'	System	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2015'	System	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (25)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:00:38

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Renal and urinary disorders, HLGT: Urinary tract signs and symptoms, HLT: Bladder and urethral symptoms, PT: Urinary incontinence, LLT: Urinary incontinence - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:05:14
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:05:14
Data point term sent to Coder	System	21 Aug 2020 15:03:18
User entered 'Urinary incontinence'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (26)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:02:20

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Neoplasms benign, malignant and unspecified (incl cysts and polyps), HLGT: Reproductive neoplasms female benign, HLT: Uterine neoplasms benign, PT: Uterine leiomyoma, LLT: Uterine fibroids - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:05:15
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:05:15
Data point term sent to Coder	System	21 Aug 2020 15:03:19
User entered 'Uterine fibroids'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1973'	(b) (4), (b) (6)	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1973'	System	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1973'	System	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Medical History (27)

Generated On: 26 Nov 2020 10:50:08

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	21 Aug 2020 15:02:49

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '09:05'	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 09:05'	System	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '163.3' cm	(b) (4), (b) (6)	21 Aug 2020 15:03:54
DataPoint set to visible.	System	20 Aug 2020 17:17:36

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Weight \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '72.4' kg	(b) (4), (b) (6)	21 Aug 2020 15:03:54
DataPoint set to visible.	System	20 Aug 2020 17:17:36

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '27.14977'	System	17 Sep 2020 00:15:47
User entered '27.1'	System	21 Aug 2020 15:03:54
DataPoint set to visible.	System	20 Aug 2020 17:17:36

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	21 Aug 2020 15:03:54
DataPoint set to visible.	System	20 Aug 2020 17:17:36

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Temperature (xxx.x)

Audit	User	Time (GMT)
User closed query ' Per CDM: Response noted; however per CCGs pages 15-16, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP. Please update accordingly. ' (Site from DM).	(b) (4), (b) (6)	29 Sep 2020 14:21:40
Query ' Per CDM: Response noted; however per CCGs pages 15-16, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP. Please update accordingly. ' answered with 'UPDATED' (Site from DM).	Victoria Hernandez (b) (4)	22 Sep 2020 18:21:38
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4)	
User opened query ' Per CDM: Response noted; however per CCGs pages 15-16, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP. Please update accordingly. ' (Site from DM).	(b) (4), (b) (6)	24 Aug 2020 19:07:26
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	24 Aug 2020 17:32:59
Query 'Data is required. Please provide.' answered with 'ND' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 15:04:21
User opened query 'Data is required. Please provide.' System (Site from System).		21 Aug 2020 15:03:54
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 10:51:41
Query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 18:04:24
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	07 Oct 2020 18:04:07
User opened query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 12:51:02
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	24 Aug 2020 17:33:01
Query 'Data is required. Please provide.' answered with 'ND' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 15:04:20
User opened query 'Data is required. Please provide.' System (Site from System).		21 Aug 2020 15:03:54
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	07 Oct 2020 18:04:07
User entered empty.	System	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 10:52:00
Query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 18:04:28
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	07 Oct 2020 18:04:07
User opened query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 12:51:07
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	24 Aug 2020 17:33:04
Query 'Data is required. Please provide.' answered with 'ND' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 15:04:18
User opened query 'Data is required. Please provide.' System (Site from System).		21 Aug 2020 15:03:54
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	07 Oct 2020 18:04:07
User entered empty.	System	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 10:52:23
Query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 18:04:32
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	07 Oct 2020 18:04:07
User opened query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 12:51:12
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	24 Aug 2020 17:33:15
Query 'Data is required. Please provide.' answered with 'ND' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 15:04:16
User opened query 'Data is required. Please provide.' System (Site from System).		21 Aug 2020 15:03:54
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	07 Oct 2020 18:04:07
User entered empty.	System	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 10:52:44
Query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 18:04:36
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	07 Oct 2020 18:04:07
User opened query 'Per CDM: As per CCG, "ND" to be updated in the text field. ' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 12:51:20
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	24 Aug 2020 17:33:13
Query 'Data is required. Please provide.' answered with 'ND' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 15:04:12
User opened query 'Data is required. Please provide.' System (Site from System).		21 Aug 2020 15:03:54
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	07 Oct 2020 18:04:07
User entered empty.	System	21 Aug 2020 15:03:54

US3292241

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:04:45

US3292241

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 15:04:45

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

Is the participant of childbearing potential?

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

[If No, what is the reason?](#)

Audit	User	Time (GMT)
User entered 'Surgically sterile (SURGICALLY STERILE)'	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

[If Partner medically sterile or Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

Date of surgery unknown

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Childbearing Potential

Generated On: 26 Nov 2020 10:50:08

[Date of last menstruation unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:05:10

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

[Warehouse shipping and fulfillment centers and jobs \(e.g., Amazon facilities\)](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

Other

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

[Resides in Nursing Home or Assisted Living Facility](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

Other

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:50:08

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:06:04

US3292241

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was this visit performed?](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 24SEP2020 is reported under Visit 2 Day 29visit 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)	24 Nov 2020 09:53:45
Query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 24SEP2020 is reported under Visit 2 Day 29visit 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 'updated' (Site from DM).	Kevin Martinez (b) (4)	04 Nov 2020 22:18:05
User opened query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 24SEP2020 is reported under Visit 2 Day 29visit 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)	21 Oct 2020 11:50:35
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 16:19:19

US3292241

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 16:19:19

US3292241

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	21 Aug 2020 16:19:19

US3292241

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	21 Aug 2020 16:19:19

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '20 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	20 Aug 2020 16:59:42

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

[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 05:49:57
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 05:49:57
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	20 Aug 2020 16:59:42
User entered '187240' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	20 Aug 2020 16:59:42

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

[In what Cohort was the participant enrolled?](#)

Audit	User	Time (GMT)
User entered '>=65 years (3)'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	20 Aug 2020 16:59:42

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

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)'	(b) (4), (b) (6)	21 Aug 2020 16:19:31

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:19:31

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:19:31

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

[Diabetes \(Type I, Type 2, or gestational\)](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:19:31

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:19:31

US3292241

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:50:08

[Human Immunodeficiency Virus \(HIV\) infection](#)

Audit	User	Time (GMT)
Amendment Manager: DataPoint set to visible.	System	19 Sep 2020 10:36:46
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 01:42:46

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:50:08

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:50:08

[Weight](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:50:08

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:50:08

[Weight](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '10:40'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 10:40'	System	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '36.8' C	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '76'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '142'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '93'	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:50:08

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:50:08

[Weight](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	21 Aug 2020 16:20:45

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '12:45'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 12:45'	System	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '36.5' C	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '63'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '150'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '93'	(b) (4), (b) (6)	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Aug 2020 16:21:37

US3292241

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:21:44

US3292241

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:21:44

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '12:08'	Nathan Cortez (b) (4) [REDACTED]	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 12:08'	System	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Nathan Cortez (b) (4)	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the frequency of the study treatment dosing?](#)

Audit	User	Time (GMT)
User entered 'ONCE'	System	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	20 Aug 2020 17:18:12

US3292241

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 16:22:15

US3292241

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 16:22:15

US3292241

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '10:52'	(b) (4), (b) (6)	21 Aug 2020 16:22:15

US3292241

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 10:52'	System	21 Aug 2020 16:22:15

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:50:08

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	21 Aug 2020 16:22:36

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	(b) (4), (b) (6)	21 Aug 2020 16:22:36

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 16:22:36

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '11:21'	(b) (4), (b) (6)	21 Aug 2020 16:22:36

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 11:21'	System	21 Aug 2020 16:22:36

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	(b) (4), (b) (6)	21 Aug 2020 16:22:44

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:22:44

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:22:44

US3292241

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 16:22:44

US3292241

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Recon: it appears GCL has a Swab Sample with date 24SEP2020 in Visit 2 Day29 ; however there is no record in EDC. Please reconcile or clarify.	(b) (4), (b) (6)	17 Nov 2020 12:44:15
' (Site from DM). Query 'Per GCL Lab Recon: it appears GCL has a Swab Sample with date 24SEP2020 in Visit 2 Day29 ; however there is no record in EDC. Please reconcile or clarify.	Kevin Martinez (b) (4)	04 Nov 2020 22:17:52
' answered with 'updated' (Site from DM). User opened query 'Per GCL Lab Recon: it appears GCL has a Swab Sample with date 24SEP2020 in Visit 2 Day29 ; however there is no record in EDC. Please reconcile or clarify.	(b) (4), (b) (6)	23 Oct 2020 11:28:55
' (Site from DM). User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 16:22:51

US3292241

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	21 Aug 2020 16:22:51

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:49:48', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'c9dcb414-b766-45ea-bccd-bf00bae3a247'	System	20 Aug 2020 17:50:10
User entered 'Yes (Y)'	System	20 Aug 2020 17:50:10

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:49:57', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'c9dcb414-b766-45ea-bccd-bf00bae3a247'	System	20 Aug 2020 17:50:10
User entered '97.7'	System	20 Aug 2020 17:50:10

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:02', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'c9dcb414-b766-45ea-bccd-bf00bae3a247'	System	20 Aug 2020 17:50:10
User entered 'No (N)'	System	20 Aug 2020 17:50:10

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:07', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'c9dcb414-b766-45ea-bccd-bf00bae3a247'	System	20 Aug 2020 17:50:10
User entered '20 Aug 2020 12:50'	System	20 Aug 2020 17:50:10

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 12:28'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 14:58'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 1, after vaccination (at home)'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:55:53', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0b0070b6-f61b-4d61-b261-a53b252a326f'	System	20 Aug 2020 23:56:37
User entered 'Yes (Y)'	System	20 Aug 2020 23:56:37

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:56:04', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0b0070b6-f61b-4d61-b261-a53b252a326f'	System	20 Aug 2020 23:56:37
User entered '99.4'	System	20 Aug 2020 23:56:37

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:56:11', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0b0070b6-f61b-4d61-b261-a53b252a326f'	System	20 Aug 2020 23:56:37
User entered 'Yes (Y)'	System	20 Aug 2020 23:56:37

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Sep 2020 19:14:33
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Subject states he took Tylenol (500 mg) for Headache and bodyaches , and temperature ' (Site from System).	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 21:57:16
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	20 Aug 2020 23:56:37
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:56:18', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0b0070b6-f61b-4d61-b261-a53b252a326f'	System	20 Aug 2020 23:56:37
User entered '1'	System	20 Aug 2020 23:56:37

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:56:18', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0b0070b6-f61b-4d61-b261-a53b252a326f'	System	20 Aug 2020 23:56:37
User entered '0'	System	20 Aug 2020 23:56:37

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:56:34', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0b0070b6-f61b-4d61-b261-a53b252a326f' User entered '20 Aug 2020 18:56'	System	20 Aug 2020 23:56:37
	System	20 Aug 2020 23:56:37

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 15:53'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 2'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:05:20', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '6a767110-880f-4cac-bdc9-f7c6bacb4f85'	System	21 Aug 2020 21:06:06
User entered 'Yes (Y)'	System	21 Aug 2020 21:06:06

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:05:51', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '6a767110-880f-4cac-bdc9-f7c6bacb4f85'	System	21 Aug 2020 21:06:06
User entered '98.7'	System	21 Aug 2020 21:06:06

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:05:56', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '6a767110-880f-4cac-bdc9-f7c6bacb4f85'	System	21 Aug 2020 21:06:06
User entered 'No (N)'	System	21 Aug 2020 21:06:06

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:06:02', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '6a767110-880f-4cac-bdc9-f7c6bacb4f85'	System	21 Aug 2020 21:06:06
User entered '21 Aug 2020 16:06'	System	21 Aug 2020 21:06:06

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 3'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:12:06', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '40a0bb2e-c80a-4abc-a2c0-2a544f059059'	System	22 Aug 2020 21:13:00
User entered 'Yes (Y)'	System	22 Aug 2020 21:13:00

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:12:32', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '40a0bb2e-c80a-4abc-a2c0-2a544f059059'	System	22 Aug 2020 21:13:00
User entered '98.6'	System	22 Aug 2020 21:13:00

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:12:36', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '40a0bb2e-c80a-4abc-a2c0-2a544f059059'	System	22 Aug 2020 21:13:00
User entered 'No (N)'	System	22 Aug 2020 21:13:00

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:12:58', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '40a0bb2e-c80a-4abc-a2c0-2a544f059059'	System	22 Aug 2020 21:13:00
User entered '22 Aug 2020 16:12'	System	22 Aug 2020 21:13:00

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 4'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:14:56', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd7cf5bb3-8784-4c20-85a2-e45ac4700cad'	System	23 Aug 2020 22:15:52
User entered 'Yes (Y)'	System	23 Aug 2020 22:15:52

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:15:04', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd7cf5bb3-8784-4c20-85a2-e45ac4700cad' User entered '97.7'	System	23 Aug 2020 22:15:52

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:15:46', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd7cf5bb3-8784-4c20-85a2-e45ac4700cad'	System	23 Aug 2020 22:15:52
User entered 'No (N)'	System	23 Aug 2020 22:15:52

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:15:51', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd7cf5bb3-8784-4c20-85a2-e45ac4700cad' User entered '23 Aug 2020 17:15'	System	23 Aug 2020 22:15:52
	System	23 Aug 2020 22:15:52

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 5'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:31:40', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '14704c34-642e-43d2-ad53-904337b69ce5'	System	24 Aug 2020 20:32:08
User entered 'Yes (Y)'	System	24 Aug 2020 20:32:08

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:31:48', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '14704c34-642e-43d2-ad53-904337b69ce5'	System	24 Aug 2020 20:32:08
User entered '99.4'	System	24 Aug 2020 20:32:08

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:31:51', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '14704c34-642e-43d2-ad53-904337b69ce5'	System	24 Aug 2020 20:32:08
User entered 'Yes (Y)'	System	24 Aug 2020 20:32:08

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Sep 2020 19:14:46
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Subject states he took Tylenol (500 mg) for Headache and bodyaches ' (Site from System).	Kristy Trevino (b) (4)	28 Aug 2020 21:55:55
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	24 Aug 2020 20:32:08
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:31:59', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '14704c34-642e-43d2-ad53-904337b69ce5'	System	24 Aug 2020 20:32:08
User entered '1'	System	24 Aug 2020 20:32:08

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:31:59', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '14704c34-642e-43d2-ad53-904337b69ce5'	System	24 Aug 2020 20:32:08
User entered '0'	System	24 Aug 2020 20:32:08

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:32:04', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '14704c34-642e-43d2-ad53-904337b69ce5'	System	24 Aug 2020 20:32:08
User entered '24 Aug 2020 15:32'	System	24 Aug 2020 20:32:08

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 6'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:47:29', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'a93dfd19-5494-4110-93a9-4074c1e603c3'	System	25 Aug 2020 21:48:58
User entered 'Yes (Y)'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:48:38', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'a93dfd19-5494-4110-93a9-4074c1e603c3'	System	25 Aug 2020 21:48:58
User entered '98.9'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:48:44', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'a93dfd19-5494-4110-93a9-4074c1e603c3'	System	25 Aug 2020 21:48:58
User entered 'Yes (Y)'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Sep 2020 19:14:51
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Subject states he took Tylenol (500 mg) for Headache and bodyaches ' (Site from System).	Kristy Trevino (b) (4)	28 Aug 2020 21:56:42
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	25 Aug 2020 21:48:58
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:48:49', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'a93dfd19-5494-4110-93a9-4074c1e603c3'	System	25 Aug 2020 21:48:58
User entered '1'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:48:49', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'a93dfd19-5494-4110-93a9-4074c1e603c3'	System	25 Aug 2020 21:48:58
User entered '0'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:48:56', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'a93dfd19-5494-4110-93a9-4074c1e603c3'	System	25 Aug 2020 21:48:58
User entered '25 Aug 2020 16:48'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 7'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:14:54', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '5b3affd1-eb9d-425f-9313-aca80b1228d6'	System	26 Aug 2020 22:16:12
User entered 'Yes (Y)'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:15:55', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '5b3affd1-eb9d-425f-9313-aca80b1228d6'	System	26 Aug 2020 22:16:12
User entered '99.6'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:16:00', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '5b3affd1-eb9d-425f-9313-aca80b1228d6'	System	26 Aug 2020 22:16:12
User entered 'Yes (Y)'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Sep 2020 19:14:57
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Subject states he took Tylenol (500 mg) for Headache and bodyaches and temperature ' (Site from System).	Kristy Trevino (b) (4)	28 Aug 2020 21:57:39
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	26 Aug 2020 22:16:12
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:16:05', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '5b3affd1-eb9d-425f-9313-aca80b1228d6'	System	26 Aug 2020 22:16:12
User entered '1'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:16:05', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '5b3affd1-eb9d-425f-9313-aca80b1228d6'	System	26 Aug 2020 22:16:12
User entered '0'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:16:10', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '5b3affd1-eb9d-425f-9313-aca80b1228d6'	System	26 Aug 2020 22:16:12
User entered '26 Aug 2020 17:16'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	25 Aug 2020 21:48:58
User entered 'Day 8'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:02:34', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9f6286f-587f-4ef8-9ef3-c958dd038c36'	System	28 Aug 2020 00:02:59
User entered 'Yes (Y)'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:02:43', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9f6286f-587f-4ef8-9ef3-c958dd038c36'	System	28 Aug 2020 00:02:59
User entered '98.8'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:02:47', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9f6286f-587f-4ef8-9ef3-c958dd038c36'	System	28 Aug 2020 00:02:59
User entered 'Yes (Y)'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	01 Sep 2020 19:15:06
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Subject states he took Tylenol (500 mg) for Headache and bodyaches ' (Site from System).	Kristy Trevino (b) (4)	28 Aug 2020 21:58:17
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	28 Aug 2020 00:02:59
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:02:50', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9f6286f-587f-4ef8-9ef3-c958dd038c36'	System	28 Aug 2020 00:02:59
User entered '1'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:02:50', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9f6286f-587f-4ef8-9ef3-c958dd038c36'	System	28 Aug 2020 00:02:59
User entered '0'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:02:55', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9f6286f-587f-4ef8-9ef3-c958dd038c36'	System	28 Aug 2020 00:02:59
User entered '27 Aug 2020 19:02'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:16:12
User entered 'Day 9'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 00:02:59
User entered 'Day 10'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Temperature_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:16', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '79feeeac-1414-4886-ba18-e52af863ebd5'	System	20 Aug 2020 17:50:35
User entered 'None (1)'	System	20 Aug 2020 17:50:35

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:20', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '79feeeac-1414-4886-ba18-e52af863ebd5'	System	20 Aug 2020 17:50:35
User entered 'No (N)'	System	20 Aug 2020 17:50:35

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:23', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '79feeeac-1414-4886-ba18-e52af863ebd5'	System	20 Aug 2020 17:50:35
User entered 'No (N)'	System	20 Aug 2020 17:50:35

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:27', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '79feeeac-1414-4886-ba18-e52af863ebd5'	System	20 Aug 2020 17:50:35
User entered 'None (1)'	System	20 Aug 2020 17:50:35

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:31', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '79feeeac-1414-4886-ba18-e52af863ebd5'	System	20 Aug 2020 17:50:35
User entered '20 Aug 2020 12:50'	System	20 Aug 2020 17:50:35

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 12:28'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 14:58'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 1, after vaccination (at home)'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:43', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '288869ec-2df9-40a4-8c55-34648beb6294'	System	20 Aug 2020 23:58:12
User entered 'Does not interfere with activity (2)'	System	20 Aug 2020 23:58:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:47', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '288869ec-2df9-40a4-8c55-34648beb6294'	System	20 Aug 2020 23:58:12
User entered 'No (N)'	System	20 Aug 2020 23:58:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:51', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '288869ec-2df9-40a4-8c55-34648beb6294'	System	20 Aug 2020 23:58:12
User entered 'No (N)'	System	20 Aug 2020 23:58:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:58:00', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '288869ec-2df9-40a4-8c55-34648beb6294'	System	20 Aug 2020 23:58:12
User entered 'None (1)'	System	20 Aug 2020 23:58:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:58:08', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '288869ec-2df9-40a4-8c55-34648beb6294'	System	20 Aug 2020 23:58:12
User entered '20 Aug 2020 18:58'	System	20 Aug 2020 23:58:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 15:53'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 2'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:06:13', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '093ac24e-92a6-4006-b591-cbebe5223e76'	System	21 Aug 2020 21:07:32
User entered 'Does not interfere with activity (2)'	System	21 Aug 2020 21:07:32

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:07:05', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '093ac24e-92a6-4006-b591-cbebe5223e76'	System	21 Aug 2020 21:07:32
User entered 'No (N)'	System	21 Aug 2020 21:07:32

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:07:11', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '093ac24e-92a6-4006-b591-cbebe5223e76'	System	21 Aug 2020 21:07:32
User entered 'No (N)'	System	21 Aug 2020 21:07:32

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:07:19', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '093ac24e-92a6-4006-b591-cbebe5223e76'	System	21 Aug 2020 21:07:32
User entered 'None (1)'	System	21 Aug 2020 21:07:32

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:07:28', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '093ac24e-92a6-4006-b591-cbebe5223e76' User entered '21 Aug 2020 16:07'	System	21 Aug 2020 21:07:32
	System	21 Aug 2020 21:07:32

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 3'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:08', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f7dbcb2-7049-4b77-884c-1e7a236c3a3b'	System	22 Aug 2020 21:13:36
User entered 'None (1)'	System	22 Aug 2020 21:13:36

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:13', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f7dbcb2-7049-4b77-884c-1e7a236c3a3b'	System	22 Aug 2020 21:13:36
User entered 'No (N)'	System	22 Aug 2020 21:13:36

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:21', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f7dbcb2-7049-4b77-884c-1e7a236c3a3b'	System	22 Aug 2020 21:13:36
User entered 'No (N)'	System	22 Aug 2020 21:13:36

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:30', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f7dbcb2-7049-4b77-884c-1e7a236c3a3b'	System	22 Aug 2020 21:13:36
User entered 'None (1)'	System	22 Aug 2020 21:13:36

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:34', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f7dbcb2-7049-4b77-884c-1e7a236c3a3b'	System	22 Aug 2020 21:13:36
User entered '22 Aug 2020 16:13'	System	22 Aug 2020 21:13:36

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 4'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:16:11', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9c3d741c-d6ac-4b33-bc34-3657e94eadb9'	System	23 Aug 2020 22:16:45
User entered 'None (1)'	System	23 Aug 2020 22:16:45

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:16:18', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9c3d741c-d6ac-4b33-bc34-3657e94eadb9'	System	23 Aug 2020 22:16:45
User entered 'No (N)'	System	23 Aug 2020 22:16:45

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:16:24', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9c3d741c-d6ac-4b33-bc34-3657e94eadb9'	System	23 Aug 2020 22:16:45
User entered 'No (N)'	System	23 Aug 2020 22:16:45

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:16:37', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9c3d741c-d6ac-4b33-bc34-3657e94eadb9'	System	23 Aug 2020 22:16:45
User entered 'None (1)'	System	23 Aug 2020 22:16:45

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:16:40', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9c3d741c-d6ac-4b33-bc34-3657e94eadb9' User entered '23 Aug 2020 17:16'	System	23 Aug 2020 22:16:45
	System	23 Aug 2020 22:16:45

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 5'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:32:10', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '15ab22bb-84cc-4d8b-b76c-9a84fad30d2e' User entered 'None (1)'	System	24 Aug 2020 20:33:09
	System	24 Aug 2020 20:33:09

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:32:18', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '15ab22bb-84cc-4d8b-b76c-9a84fad30d2e'	System	24 Aug 2020 20:33:09
User entered 'No (N)'	System	24 Aug 2020 20:33:09

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:32:53', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '15ab22bb-84cc-4d8b-b76c-9a84fad30d2e'	System	24 Aug 2020 20:33:09
User entered 'No (N)'	System	24 Aug 2020 20:33:09

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:32:59', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '15ab22bb-84cc-4d8b-b76c-9a84fad30d2e'	System	24 Aug 2020 20:33:09
User entered 'None (1)'	System	24 Aug 2020 20:33:09

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:33:05', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '15ab22bb-84cc-4d8b-b76c-9a84fad30d2e' User entered '24 Aug 2020 15:33'	System	24 Aug 2020 20:33:09
	System	24 Aug 2020 20:33:09

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 6'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:03', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f1daccf1-624c-4d66-9d44-64dda618a05a'	System	25 Aug 2020 21:49:28
User entered 'None (1)'	System	25 Aug 2020 21:49:28

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:10', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f1daccf1-624c-4d66-9d44-64dda618a05a'	System	25 Aug 2020 21:49:28
User entered 'No (N)'	System	25 Aug 2020 21:49:28

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:14', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f1daccf1-624c-4d66-9d44-64dda618a05a'	System	25 Aug 2020 21:49:28
User entered 'No (N)'	System	25 Aug 2020 21:49:28

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:18', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f1daccf1-624c-4d66-9d44-64dda618a05a'	System	25 Aug 2020 21:49:28
User entered 'None (1)'	System	25 Aug 2020 21:49:28

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:25', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'f1daccf1-624c-4d66-9d44-64dda618a05a' User entered '25 Aug 2020 16:49'	System	25 Aug 2020 21:49:28
	System	25 Aug 2020 21:49:28

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 7'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:16:22', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '4dd8069c-fa27-4a72-b68d-663da1165eee'	System	26 Aug 2020 22:17:17
User entered 'None (1)'	System	26 Aug 2020 22:17:17

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:16:27', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '4dd8069c-fa27-4a72-b68d-663da1165eee'	System	26 Aug 2020 22:17:17
User entered 'No (N)'	System	26 Aug 2020 22:17:17

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:16:59', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '4dd8069c-fa27-4a72-b68d-663da1165eee'	System	26 Aug 2020 22:17:17
User entered 'No (N)'	System	26 Aug 2020 22:17:17

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:17:12', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '4dd8069c-fa27-4a72-b68d-663da1165eee'	System	26 Aug 2020 22:17:17
User entered 'None (1)'	System	26 Aug 2020 22:17:17

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:17:15', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '4dd8069c-fa27-4a72-b68d-663da1165eee' User entered '26 Aug 2020 17:17'	System	26 Aug 2020 22:17:17
	System	26 Aug 2020 22:17:17

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:41', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered 'None (0)'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:44', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered 'None (0)'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:47', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered 'None (0)'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:49', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered 'None (0)'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:51', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered 'None (0)'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:53', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered 'None (0)'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:50:58', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered 'No (N)'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T12:51:01', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '3cea1f87-026c-4448-9f26-ab11b9457137'	System	20 Aug 2020 17:51:05
User entered '20 Aug 2020 12:51'	System	20 Aug 2020 17:51:05

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 12:28'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 14:58'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 1, after vaccination (at home)'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:56:53', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered 'Any use of prescription pain reliever or System prevents daily activity (3)'		20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:03', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered 'No interference with activity (1)'	System	20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:07', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered 'None (0)'	System	20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:11', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered 'None (0)'	System	20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:14', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered 'None (0)'	System	20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:17', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered 'None (0)'	System	20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:21', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered 'No (N)'	System	20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-20T18:57:30', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'cd9d2492-23be-4280-946c-7aba4fa93687'	System	20 Aug 2020 23:57:34
User entered '20 Aug 2020 18:57'	System	20 Aug 2020 23:57:34

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 15:53'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 2'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:07:44', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered 'No interference with activity (1)'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:07:50', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered 'None (0)'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:07:55', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered 'None (0)'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:08:00', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered 'None (0)'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:08:09', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered 'None (0)'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:08:12', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered 'None (0)'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:08:19', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered 'No (N)'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-21T16:08:23', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd8470fff-3791-422d-8c23-1711bfc94b4e'	System	21 Aug 2020 21:08:27
User entered '21 Aug 2020 16:08'	System	21 Aug 2020 21:08:27

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 3'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:44', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered 'No interference with activity (1)'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:53', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered 'No interference with activity (1)'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:13:57', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered 'None (0)'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:14:05', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered 'None (0)'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:14:08', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered 'None (0)'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:14:11', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered 'None (0)'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:14:14', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered 'No (N)'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-22T16:14:21', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '19608ba3-fa8b-459b-aa21-4c527032351c'	System	22 Aug 2020 21:14:25
User entered '22 Aug 2020 16:14'	System	22 Aug 2020 21:14:25

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 4'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:16:54', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered 'No interference with activity (1)'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:17:03', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered 'No interference with activity (1)'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:17:07', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered 'None (0)'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:17:15', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered 'None (0)'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:17:24', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered 'None (0)'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:17:30', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered 'None (0)'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:17:34', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered 'No (N)'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-23T17:17:39', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '498a9abb-dd78-449c-8baa-b4f165a9d4c1'	System	23 Aug 2020 22:17:53
User entered '23 Aug 2020 17:17'	System	23 Aug 2020 22:17:53

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 5'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:33:38', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered 'Any use of prescription pain reliever or System prevents daily activity (3)'		24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:33:44', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered 'Some interference with activity (2)'	System	24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:33:51', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered 'Some interference with activity (2)'	System	24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:33:55', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered 'None (0)'	System	24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:33:58', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered 'None (0)'	System	24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:34:01', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered 'None (0)'	System	24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:34:33', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered 'No (N)'	System	24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-24T15:34:36', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '0e992768-0fd9-4fc0-a103-3d8a3f77d7ac'	System	24 Aug 2020 20:34:38
User entered '24 Aug 2020 15:34'	System	24 Aug 2020 20:34:38

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 6'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:38', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:43', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered 'Some interference with activity (2)'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:50', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered 'None (0)'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:55', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered 'None (0)'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:49:58', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered 'None (0)'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:50:01', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered 'None (0)'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:50:07', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered 'No (N)'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-25T16:50:11', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '7336a005-2a1e-4692-9866-da904d4f108c'	System	25 Aug 2020 21:50:14
User entered '25 Aug 2020 16:50'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 7'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:17:27', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:17:32', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered 'Significant; prevents daily activity (3)'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:17:37', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered 'Significant; prevents daily activity (3)'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:17:45', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered 'No interference with activity (1)'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:17:59', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:18:08', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered 'None (0)'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:18:35', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered 'No (N)'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-26T17:18:43', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b7445746-4db3-4378-8382-2609870e5b17'	System	26 Aug 2020 22:18:45
User entered '26 Aug 2020 17:18'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	25 Aug 2020 21:50:14
User entered 'Day 8'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 10:50:08

Select one response below to indicate the intensity of your **HEADACHE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:09', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9428f7a4-bffa-4219-b534-f0502565128a'	System	28 Aug 2020 00:03:22
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	28 Aug 2020 00:03:22

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:15', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9428f7a4-bffa-4219-b534-f0502565128a'	System	28 Aug 2020 00:03:22
User entered '27 Aug 2020 19:03'	System	28 Aug 2020 00:03:22

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 9'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 00:03:22
User entered 'Day 10'	System	28 Aug 2020 00:03:22

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 00:03:22

US3292241

Folder: Diary Dose 1 (1)

Form: Headache_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 00:03:22

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	25 Aug 2020 21:50:14
User entered 'Day 8'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 10:50:08

Select one response below to indicate the intensity of your **FATIGUE**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:21', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9dd891c-2381-4704-a3b6-0e006023a0ea'	System	28 Aug 2020 00:03:33
User entered 'Significant; prevents daily activity (3)'	System	28 Aug 2020 00:03:33

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:27', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd9dd891c-2381-4704-a3b6-0e006023a0ea' User entered '27 Aug 2020 19:03'	System	28 Aug 2020 00:03:33

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	25 Aug 2020 21:50:14

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 9'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 00:03:33
User entered 'Day 10'	System	28 Aug 2020 00:03:33

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 00:03:33

US3292241

Folder: Diary Dose 1 (1)

Form: Fatigue_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 00:03:33

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 8'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

Select one response below to indicate the intensity of your **MUSCLE ACHES ALL OVER BODY**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:33', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b78f7864-0b28-4d63-8605-4facb380e055'	System	28 Aug 2020 00:03:40
User entered 'Some interference with activity (2)'	System	28 Aug 2020 00:03:40

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:39', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'b78f7864-0b28-4d63-8605-4facb380e055'	System	28 Aug 2020 00:03:40
User entered '27 Aug 2020 19:03'	System	28 Aug 2020 00:03:40

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 9'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 00:03:40
User entered 'Day 10'	System	28 Aug 2020 00:03:40

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 00:03:40

US3292241

Folder: Diary Dose 1 (1)

Form: MuscleAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 00:03:40

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 8'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

Select one response below to indicate the intensity of your **JOINT ACHES IN SEVERAL JOINTS**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:50', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '4b062fd8-4889-45d1-a4a4-40a19333381c'	System	28 Aug 2020 00:03:59
User entered 'No interference with activity (1)'	System	28 Aug 2020 00:03:59

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:03:54', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '4b062fd8-4889-45d1-a4a4-40a19333381c'	System	28 Aug 2020 00:03:59
User entered '27 Aug 2020 19:03'	System	28 Aug 2020 00:03:59

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 9'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 00:03:59
User entered 'Day 10'	System	28 Aug 2020 00:03:59

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 00:03:59

US3292241

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 00:03:59

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 8'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 10:50:08

Select one response below to indicate the level of your **NAUSEA/VOMITING**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:04:02', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9029e2ba-7558-4ee3-9e29-8db6d24af2bc'	System	28 Aug 2020 00:04:10
User entered 'No interference with activity or 1-2 episodes/24 hours (1)'	System	28 Aug 2020 00:04:10

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:04:07', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '9029e2ba-7558-4ee3-9e29-8db6d24af2bc'	System	28 Aug 2020 00:04:10
User entered '27 Aug 2020 19:04'	System	28 Aug 2020 00:04:10

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:18:45
User entered 'Day 9'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	26 Aug 2020 22:18:45

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 00:04:10
User entered 'Day 10'	System	28 Aug 2020 00:04:10

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 00:04:10

US3292241

Folder: Diary Dose 1 (1)

Form: Nausea_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 00:04:10

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	25 Aug 2020 21:48:58
User entered 'Day 8'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 10:50:08

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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:04:16', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '728eb75d-9e40-44e7-b85e-14d9beab9deb'	System	28 Aug 2020 00:04:22
User entered 'Yes (Y)'	System	28 Aug 2020 00:04:22

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-08-27T19:04:20', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '728eb75d-9e40-44e7-b85e-14d9beab9deb' User entered '27 Aug 2020 19:04'	System	28 Aug 2020 00:04:22

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	25 Aug 2020 21:48:58

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	26 Aug 2020 22:16:12
User entered 'Day 9'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	26 Aug 2020 22:16:12

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 00:02:59
User entered 'Day 10'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 00:02:59

US3292241

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(10)

Generated On: 26 Nov 2020 10:50:08

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 00:02:59

US3292241

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

Is the participant continuing to the next visit?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4)	26 Sep 2020 16:40:53

US3292241

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	26 Sep 2020 16:40:53

US3292241

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	26 Sep 2020 16:41:02

US3292241

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	26 Sep 2020 16:41:02

US3292241

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	26 Sep 2020 16:41:12

US3292241

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	26 Sep 2020 16:41:12

US3292241

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:13:19

US3292241

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:13:19

US3292241

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:13:19

US3292241

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	04 Nov 2020 22:13:19

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '24 Sep 2020'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '12:05'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 12:05'	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '37.6' C	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '85'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '142'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '98'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	24 Nov 2020 09:47:23
Query 'Data is required. Please complete.' answered with 'post-dose vitals were not done, subject opted out of receiving second dose' (Site from System).	Kevin Martinez (b) (4)	04 Nov 2020 22:15:53
User opened query 'Data is required. Please complete.' (Site from System).	System	04 Nov 2020 22:15:04
User entered empty.	Kevin Martinez (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	04 Nov 2020 22:15:04

US3292241

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:16:18

US3292241

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '24 Sep 2020'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:16:18

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Nathan Cortez (b) (4) [REDACTED]	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[If No, reason not given](#)

Audit	User	Time (GMT)
User entered 'Participant declined due to Adverse Event (ADVERSE EVENT)'	Nathan Cortez (b) (4)	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4)	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the frequency of the study treatment dosing?](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:50:08

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Sep 2020 16:42:49

US3292241

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

Was the sample collected?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:16:50

US3292241

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '24 Sep 2020'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:16:50

US3292241

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '12:28'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:16:50

US3292241

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 12:28'	System	04 Nov 2020 22:16:50

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:50:08

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '24 Sep 2020'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Kevin Martinez (b) (4)	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '13:02'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:50:08

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 13:02'	System	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:50:08

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	04 Nov 2020 22:17:06

US3292241

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:02:34

US3292241

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	01 Oct 2020 20:02:34

US3292241

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:03:44

US3292241

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '1 Oct 2020'	(b) (4), (b) (6)	01 Oct 2020 20:03:44

US3292241

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	01 Oct 2020 20:03:44

US3292241

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	01 Oct 2020 20:03:44

US3292241

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:04:19

US3292241

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	01 Oct 2020 20:04:19

US3292241

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kristy Trevino (b) (4) (b) (4)	08 Oct 2020 16:13:32

US3292241

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '8 Oct 2020'	Kristy Trevino (b) (4) (b) (4)	08 Oct 2020 16:13:32

US3292241

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kristy Trevino (b) (4) (b) (4)	08 Oct 2020 16:13:32

US3292241

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	08 Oct 2020 16:13:32

US3292241

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kristy Trevino (b) (4) (b) (4)	08 Oct 2020 16:13:39

US3292241

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	08 Oct 2020 16:13:39

US3292241

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kristy Trevino (b) (4) (b) (4)	15 Oct 2020 21:05:38

US3292241

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '15 Oct 2020'	Kristy Trevino (b) (4) (b) (4)	15 Oct 2020 21:05:38

US3292241

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kristy Trevino (b) (4) (b) (4)	15 Oct 2020 21:05:38

US3292241

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	15 Oct 2020 21:05:38

US3292241

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kristy Trevino (b) (4) (b) (4)	15 Oct 2020 21:05:43

US3292241

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	15 Oct 2020 21:05:43

US3292241

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:20:37

US3292241

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '27 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 18:20:37

US3292241

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	27 Oct 2020 18:20:37

US3292241

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	27 Oct 2020 18:20:37

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '11:09'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '27 Oct 2020 11:09'	System	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '37.3' C	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '86'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '129'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '91'	(b) (4), (b) (6)	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Oct 2020 18:21:31

US3292241

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:21:35

US3292241

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:21:35

US3292241

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:21:51

US3292241

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 18:21:51

US3292241

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '11:39'	(b) (4), (b) (6)	27 Oct 2020 18:21:51

US3292241

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:50:08

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '27 Oct 2020 11:39'	System	27 Oct 2020 18:21:51

US3292241

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	27 Oct 2020 19:11:38

US3292241

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	27 Oct 2020 19:11:38

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 71'	System	20 Aug 2020 17:18:12

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-10-28T13:16:30', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '006ec293-015a-448b-b19c-2eeee066063d' User entered 'No (N)'	System	28 Oct 2020 18:17:33
	System	28 Oct 2020 18:17:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Have you been exposed to someone with 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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-10-28T13:16:58', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '006ec293-015a-448b-b19c-2eeee066063d' User entered 'No (N)'	System	28 Oct 2020 18:17:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-10-28T13:17:30', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '006ec293-015a-448b-b19c-2eeee066063d' User entered '28 Oct 2020 13:17:30'	System	28 Oct 2020 18:17:33
	System	28 Oct 2020 18:17:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered '27 Oct 2020 00:01'	System	20 Aug 2020 17:18:12

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered '31 Oct 2020 23:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered 'Day 78'	System	20 Aug 2020 17:18:12

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-04T14:02:47', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd6c50970-5bd3-4209-b805-a4d3e7e6547e' User entered 'Yes (Y)'	System	04 Nov 2020 20:03:33
	System	04 Nov 2020 20:03:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Have you been exposed to someone with 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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-04T14:02:52', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd6c50970-5bd3-4209-b805-a4d3e7e6547e'	System	04 Nov 2020 20:03:33
User entered 'No (N)'	System	04 Nov 2020 20:03:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-04T14:02:57', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd6c50970-5bd3-4209-b805-a4d3e7e6547e'	System	04 Nov 2020 20:03:33
User entered 'No (N)'	System	04 Nov 2020 20:03:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-04T14:03:08', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd6c50970-5bd3-4209-b805-a4d3e7e6547e' User entered 'Yes (Y)'	System	04 Nov 2020 20:03:33
	System	04 Nov 2020 20:03:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-04T14:03:17', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd6c50970-5bd3-4209-b805-a4d3e7e6547e'	System	04 Nov 2020 20:03:33
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	04 Nov 2020 20:03:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-04T14:03:22', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: 'd6c50970-5bd3-4209-b805-a4d3e7e6547e' User entered '04 Nov 2020 14:03:22'	System	04 Nov 2020 20:03:33
	System	04 Nov 2020 20:03:33

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered '03 Nov 2020 00:01'	System	20 Aug 2020 17:18:12

US3292241

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 17:18:12
User entered '07 Nov 2020 23:59'	System	20 Aug 2020 17:18:12

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 61'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Oct 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '21 Oct 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 68'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Oct 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '28 Oct 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 75'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '31 Oct 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '04 Nov 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 82'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '07 Nov 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '11 Nov 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 89'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '14 Nov 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '18 Nov 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 96'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-24T14:23:48', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '68dfca0a-aa63-47a9-b791-3fef95850e47'	System	24 Nov 2020 20:24:04
User entered 'No (N)'	System	24 Nov 2020 20:24:04

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

Have you been exposed to someone with 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 (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-24T14:23:54', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '68dfca0a-aa63-47a9-b791-3fef95850e47'	System	24 Nov 2020 20:24:04
User entered 'No (N)'	System	24 Nov 2020 20:24:04

US3292241

Folder: New Safety Follow Up Diary (1)

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[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F0DA7FE0-818A-4F2F-B1B9-48568184735C)', Time: '2020-11-24T14:24:02', User OID: 'PatientReportedOutcome (US3292241)', ODM File OID: '68dfca0a-aa63-47a9-b791-3fef95850e47'	System	24 Nov 2020 20:24:04
User entered '24 Nov 2020 14:24:02'	System	24 Nov 2020 20:24:04

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '21 Nov 2020 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '25 Nov 2020 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '28 Nov 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Dec 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '05 Dec 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Dec 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '12 Dec 2020 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Dec 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '19 Dec 2020 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Dec 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '26 Dec 2020 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '30 Dec 2020 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Jan 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Jan 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Jan 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Jan 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Jan 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Jan 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Jan 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Jan 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '30 Jan 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '03 Feb 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Feb 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '10 Feb 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Feb 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Feb 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Feb 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Feb 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Feb 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '03 Mar 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Mar 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '10 Mar 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Mar 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Mar 2021 23:59'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Mar 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Mar 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Mar 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '31 Mar 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '03 Apr 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '07 Apr 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '10 Apr 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '14 Apr 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Apr 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '21 Apr 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Apr 2021 00:01'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '28 Apr 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '01 May 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '05 May 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '08 May 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '12 May 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '15 May 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '19 May 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '22 May 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '26 May 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '29 May 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Jun 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '05 Jun 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Jun 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '12 Jun 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Jun 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '19 Jun 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Jun 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '26 Jun 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '30 Jun 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '03 Jul 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '07 Jul 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '10 Jul 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '14 Jul 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Jul 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '21 Jul 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Jul 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '28 Jul 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '31 Jul 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '04 Aug 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '07 Aug 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '11 Aug 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '14 Aug 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '18 Aug 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '21 Aug 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '25 Aug 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '28 Aug 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '01 Sep 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '04 Sep 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '08 Sep 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '11 Sep 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '15 Sep 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '18 Sep 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '22 Sep 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '25 Sep 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '29 Sep 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Oct 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Oct 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Oct 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Oct 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Oct 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Oct 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Oct 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Oct 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '30 Oct 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '03 Nov 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Nov 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '10 Nov 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Nov 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Nov 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Nov 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Nov 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Nov 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '01 Dec 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '04 Dec 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '08 Dec 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '11 Dec 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '15 Dec 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '18 Dec 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '22 Dec 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '25 Dec 2021 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '29 Dec 2021 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '01 Jan 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '05 Jan 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '08 Jan 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '12 Jan 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '15 Jan 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '19 Jan 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '22 Jan 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '26 Jan 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '29 Jan 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Feb 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '05 Feb 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Feb 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '12 Feb 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Feb 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '19 Feb 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Feb 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '26 Feb 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Mar 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '05 Mar 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Mar 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '12 Mar 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Mar 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '19 Mar 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Mar 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '26 Mar 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '30 Mar 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Apr 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Apr 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Apr 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Apr 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Apr 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Apr 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Apr 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Apr 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '30 Apr 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '04 May 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '07 May 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '11 May 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '14 May 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '18 May 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '21 May 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '25 May 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '28 May 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '01 Jun 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '04 Jun 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '08 Jun 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '11 Jun 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '15 Jun 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '18 Jun 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '22 Jun 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '25 Jun 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '29 Jun 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '02 Jul 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Jul 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '09 Jul 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Jul 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '16 Jul 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Jul 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '23 Jul 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Jul 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '30 Jul 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '03 Aug 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '06 Aug 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '10 Aug 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '13 Aug 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Aug 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '20 Aug 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Aug 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '27 Aug 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '31 Aug 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '03 Sep 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '07 Sep 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '10 Sep 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '14 Sep 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '17 Sep 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '21 Sep 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '24 Sep 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '28 Sep 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '01 Oct 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '05 Oct 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 23:39:31

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '08 Oct 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '12 Oct 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '15 Oct 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '19 Oct 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '22 Oct 2022 00:01'	System	19 Nov 2020 23:39:31

US3292241

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:50:08

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 23:39:31
Amendment Manager: User entered '26 Oct 2022 23:59'	System	19 Nov 2020 23:39:31

US3292241

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	23 Nov 2020 22:44:28

US3292241

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '19 Nov 2020'	Kevin Martinez (b) (4) (b) (4)	23 Nov 2020 22:44:28

US3292241

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kevin Martinez (b) (4) (b) (4)	23 Nov 2020 22:44:28

US3292241

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:50:08

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kevin Martinez (b) (4) (b) (4)	23 Nov 2020 22:44:28

US3292241

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kevin Martinez (b) (4) (b) (4)	23 Nov 2020 22:44:33

US3292241

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:50:08

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	23 Nov 2020 22:44:33

US3292241

Folder: Covid-19 Assessment (14)

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:51:25
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:51:21
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:51:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	16 Sep 2020 22:32:24

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:33:08
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:32:58
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:32:58
User entered '1 Sep 2020'	Kristy Trevino (b) (4)	03 Sep 2020 14:15:04

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:33:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:32:58
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:32:58
User entered '10:45'	Kristy Trevino (b) (4)	03 Sep 2020 14:15:04

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:32:58
User entered '1 Sep 2020 10:45'	System	03 Sep 2020 14:15:04

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:33:07
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:32:58
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:32:58
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	03 Sep 2020 14:15:04

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:33:04
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:32:58
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:32:58
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	03 Sep 2020 14:15:04

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:10
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:33:53
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:33:53
User entered '1 Sep 2020'	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:08
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:33:53
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:33:53
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:06
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 14:57:34
User opened query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 14:57:32
Query 'Data is required. Please complete.' answered with 'RESULTS NOT RECEIVED AS OF YET' (Site from System).	Kristy Trevino (b) (4)	03 Sep 2020 14:18:22
User opened query 'Data is required. Please complete.' (Site from System).	System	03 Sep 2020 14:18:02
User entered empty.	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:04
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:33:53
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:33:53
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:03
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:33:53
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:33:53
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:02
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:33:53
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:33:53
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:55:50
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:55:50
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	03 Sep 2020 14:18:02
User entered 'No (N)'	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:33:53
User entered 'TEST WAS PERFORMED IN HOME VISIT'	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:33:53
User entered 'No (N)'	Kristy Trevino (b) (4)	03 Sep 2020 14:18:02

US3292241

Folder: Covid-19 Assessment 01 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:20
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:34:17
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:34:17
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	03 Sep 2020 14:15:17

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:54
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:34:44
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:34:44
User entered '2 Sep 2020'	Kristy Trevino (b) (4)	03 Sep 2020 14:20:19

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:52
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:34:44
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:34:44
User entered '09:15'	Kristy Trevino (b) (4)	03 Sep 2020 14:20:19

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:34:44
User entered '2 Sep 2020 09:15'	System	03 Sep 2020 14:20:19

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:51
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:34:44
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:34:44
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	03 Sep 2020 14:20:19

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:34:49
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:34:44
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:34:44
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	03 Sep 2020 14:20:19

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:35:55
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:35:36
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:35:36
User entered '2 Sep 2020'	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:35:54
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:35:36
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:35:36
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:35:52
User opened query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 14:56:21
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 14:56:16
Query 'Data is required. Please complete.' answered with 'results not received as of yet' (Site from System).	Kristy Trevino (b) (4)	05 Sep 2020 22:46:26
User opened query 'Data is required. Please complete.' (Site from System).	System	03 Sep 2020 14:22:28
User entered empty.	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:35:51
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:35:36
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:35:36
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:35:47
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:35:36
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:35:36
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:35:45
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:35:36
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:35:36
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:56:41
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:56:41
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	03 Sep 2020 14:22:28
User entered 'No (N)'	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:35:36
User entered 'TEST WAS PERFORMED IN HOME VISIT'	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:35:36
User entered 'No (N)'	Kristy Trevino (b) (4)	03 Sep 2020 14:22:28

US3292241

Folder: Covid-19 Assessment 02 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:36:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:36:02
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:36:02
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	03 Sep 2020 14:25:09

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:36:46
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:36:25
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:36:25
User entered '3 Sep 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:47:35

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:36:41
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:36:25
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:36:25
User entered '09:50'	Kristy Trevino (b) (4)	05 Sep 2020 22:47:35
	(b) (4)	

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:36:25
User entered '3 Sep 2020 09:50'	System	05 Sep 2020 22:47:35

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:36:44
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:36:25
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:36:25
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	05 Sep 2020 22:47:35

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:36:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:36:25
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:36:25
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:47:35

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Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:37:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:37:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:37:35
User entered '3 Sep 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

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Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:37:43
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:37:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:37:35
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Per CDM: As per CRF Completion Guidelines, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:37:45
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 08:34:08
User opened query 'Per CDM: As per CRF Completion Guidelines, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 08:33:57
Query 'Data is required. Please complete.' answered with 'Results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	05 Sep 2020 22:50:25
User opened query 'Data is required. Please complete.' (Site from System).	System	05 Sep 2020 22:50:07
User entered empty.	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

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Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:37:48
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:37:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:37:35
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

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Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:37:50
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:37:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:37:35
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	05 Sep 2020 22:50:07

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Was this diagnostic test performed at a lab other than the Study Central Lab?

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:37:53
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:37:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:37:35
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:56:58
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:56:58
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	05 Sep 2020 22:50:07
User entered 'No (N)'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

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Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:37:35
User entered 'Test was performed in subjects home'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:37:35
User entered 'No (N)'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:07

US3292241

Folder: Covid-19 Assessment 03 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:38:08
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:38:05
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:38:05
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:50:47

US3292241

Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:38:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:38:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:38:35
User entered '4 Sep 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:51:36

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:38:41
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:38:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:38:35
User entered '11:34'	Kristy Trevino (b) (4)	05 Sep 2020 22:51:36

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:38:35
User entered '4 Sep 2020 11:34'	System	05 Sep 2020 22:51:36

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:38:44
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:38:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:38:35
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	05 Sep 2020 22:51:36

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:38:46
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:38:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:38:35
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:51:36

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:39:37
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:39:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:39:34
User entered '4 Sep 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:39:40
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:39:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:39:34
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:39:43
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 08:36:42
User opened query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 08:35:29
Query 'Data is required. Please complete.' answered with 'results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	05 Sep 2020 22:54:48
User opened query 'Data is required. Please complete.' (Site from System).	System	05 Sep 2020 22:54:15
User entered empty.	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:39:45
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:39:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:39:34
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:39:48
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:39:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:39:34
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:39:51
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:39:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:39:34
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:57:12
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:57:12
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	05 Sep 2020 22:54:15
User entered 'No (N)'	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:39:34
User entered 'Test was performed in subjects home'	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:39:34
User entered 'No (N)'	Kristy Trevino (b) (4)	05 Sep 2020 22:54:15

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Folder: Covid-19 Assessment 04 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:40:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:40:01
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:40:01
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:51:40

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:40:40
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:40:27
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:40:27
User entered '5 Sep 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:55:29

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:40:38
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:40:27
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:40:27
User entered '17:19'	Kristy Trevino (b) (4)	05 Sep 2020 22:55:29

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:40:27
User entered '5 Sep 2020 17:19'	System	05 Sep 2020 22:55:29

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:40:36
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:40:27
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:40:27
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	05 Sep 2020 22:55:29

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:40:34
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:40:27
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:40:27
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:55:29

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:41:50
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:41:26
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:41:26
User entered '5 Sep 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:41:47
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:41:26
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:41:26
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:41:45
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 08:34:45
User opened query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 08:34:42
Query 'Data is required. Please complete.' answered with 'Results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	05 Sep 2020 22:57:44
User opened query 'Data is required. Please complete.' (Site from System).	System	05 Sep 2020 22:57:30
User entered empty.	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:41:41
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:41:26
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:41:26
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:41:40
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:41:26
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:41:26
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	05 Sep 2020 22:57:30

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Was this diagnostic test performed at a lab other than the Study Central Lab?

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:41:43
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:41:26
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:41:26
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:57:27
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:57:27
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	05 Sep 2020 22:57:30
User entered 'No (N)'	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

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Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:41:26
User entered 'test was performed in subjects home'	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:41:26
User entered 'No (N)'	Kristy Trevino (b) (4)	05 Sep 2020 22:57:30

US3292241

Folder: Covid-19 Assessment 05 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:42:03
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:42:00
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:42:00
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	05 Sep 2020 23:01:34

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:42:42
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:42:29
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:42:29
User entered '6 Sep 2020'	Kristy Trevino (b) (4)	06 Sep 2020 19:55:45

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:42:40
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:42:29
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:42:29
User entered '14:51'	Kristy Trevino (b) (4)	06 Sep 2020 19:55:45

US3292241

Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:42:29
User entered '6 Sep 2020 14:51'	System	06 Sep 2020 19:55:45

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:42:38
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:42:29
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:42:29
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	06 Sep 2020 19:55:45

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:42:36
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:42:29
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:42:29
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	06 Sep 2020 19:55:45

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

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[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:43:58
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:43:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:43:34
User entered '6 Sep 2020'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:43:55
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:43:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:43:34
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:43:53
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 08:38:04
User opened query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 08:38:02
Query 'Data is required. Please complete.' answered with 'results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	06 Sep 2020 19:57:41
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Sep 2020 19:57:23
User entered empty.	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:43:50
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:43:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:43:34
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:43:48
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:43:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:43:34
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:43:47
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:43:34
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:43:34
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:57:43
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:57:43
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	06 Sep 2020 19:57:23
User entered 'No (N)'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:43:34
User entered 'test was performed in subjects home'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:43:34
User entered 'No (N)'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:23

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Folder: Covid-19 Assessment 06 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:44:14
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:44:10
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:44:10
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	06 Sep 2020 19:57:50

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:45:00
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:44:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:44:48
User entered '7 Sep 2020'	Kristy Trevino (b) (4)	07 Sep 2020 19:12:46

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID-19 Contact

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[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:44:58
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:44:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:44:48
User entered '14:00'	Kristy Trevino (b) (4)	07 Sep 2020 19:12:46

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:44:48
User entered '7 Sep 2020 14:00'	System	07 Sep 2020 19:12:46

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:44:56
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:44:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:44:48
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	07 Sep 2020 19:12:46

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:44:54
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:44:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:44:48
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	07 Sep 2020 19:12:46

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

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[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:46:28
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:46:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:11
User entered '7 Sep 2020'	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

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[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:46:27
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:46:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:11
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:46:24
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 08:38:38
User opened query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 08:38:33
Query 'Data is required. Please complete.' answered with 'results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	07 Sep 2020 19:17:20
User opened query 'Data is required. Please complete.' (Site from System).	System	07 Sep 2020 19:16:56
User entered empty.	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:46:23
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:46:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:11
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

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[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:46:22
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:46:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:11
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

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[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

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[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:46:20
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:46:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:11
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:57:57
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:57:57
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	07 Sep 2020 19:16:56
User entered 'No (N)'	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

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[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:11
User entered 'test was performed in subjects home'	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

Form: COVID Diagnostic Test

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[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:11
User entered 'No (N)'	Kristy Trevino (b) (4)	07 Sep 2020 19:16:56

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Folder: Covid-19 Assessment 07 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:46:38
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:46:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:46:35
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	07 Sep 2020 19:17:30

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:47:11
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:00
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:00
User entered '8 Sep 2020'	Kristy Trevino (b) (4)	09 Sep 2020 21:54:24

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID-19 Contact

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[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:47:10
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:00
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:00
User entered '14:00'	Kristy Trevino (b) (4)	09 Sep 2020 21:54:24

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:47:00
User entered '8 Sep 2020 14:00'	System	09 Sep 2020 21:54:24

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Folder: Covid-19 Assessment 08 Sep 2020

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[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:47:08
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:00
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:00
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	09 Sep 2020 21:54:24

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:47:06
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:00
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:00
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	09 Sep 2020 21:54:24

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Folder: Covid-19 Assessment 08 Sep 2020

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[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:47:52
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:49
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:49
User entered '8 Sep 2020'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

US3292241

Folder: Covid-19 Assessment 08 Sep 2020

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[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:47:55
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:49
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:49
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:47:57
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 09:04:40
User opened query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 09:04:37
Query 'Data is required. Please complete.' answered with 'results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	09 Sep 2020 21:56:30
User opened query 'Data is required. Please complete.' (Site from System).	System	09 Sep 2020 21:56:19
User entered empty.	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

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[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:48:00
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:49
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:49
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:48:02
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:49
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:49
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

US3292241

Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	09 Sep 2020 21:56:19

US3292241

Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:48:04
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:47:49
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:49
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:58:15
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:58:15
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	09 Sep 2020 21:56:19
User entered 'No (N)'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:49
User entered 'test was performed at subjects home'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

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Folder: Covid-19 Assessment 08 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:47:49
User entered 'No (N)'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:19

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Folder: Covid-19 Assessment 08 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:48:18
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:48:16
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:48:16
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	09 Sep 2020 21:56:42

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:49:20
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:48:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:48:39
User entered '9 Sep 2020'	Kristy Trevino (b) (4)	09 Sep 2020 22:10:45

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:49:18
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:48:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:48:39
User entered '15:48'	Kristy Trevino (b) (4)	09 Sep 2020 22:10:45

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:48:39
User entered '9 Sep 2020 15:48'	System	09 Sep 2020 22:10:45

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:49:16
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:48:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:48:39
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	09 Sep 2020 22:10:45

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:49:14
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:48:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:48:39
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	09 Sep 2020 22:10:45

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:50:52
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:50:18
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:50:18
User entered '9 Sep 2020'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:50:50
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:50:18
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:50:18
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:50:48
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 09:05:31
User opened query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 09:05:28
Query 'Data is required. Please complete.' answered with 'results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	09 Sep 2020 22:12:45
User opened query 'Data is required. Please complete.' (Site from System).	System	09 Sep 2020 22:12:35
User entered empty.	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:50:46
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:50:18
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:50:18
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:50:40
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:50:18
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:50:18
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:50:44
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:50:18
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:50:18
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:58:30
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:58:30
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	09 Sep 2020 22:12:35
User entered 'No (N)'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:50:18
User entered 'test was performed at subjects home'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:50:18
User entered 'No (N)'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:35

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Folder: Covid-19 Assessment 09 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:51:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:51:02
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:51:02
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	09 Sep 2020 22:12:52

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Folder: Covid-19 Assessment 10 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:52:00
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:51:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:51:48
User entered '10 Sep 2020'	(b) (4), (b) (6)	16 Sep 2020 22:32:48

US3292241

Folder: Covid-19 Assessment 10 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:51:58
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:51:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:51:48
User entered '18:31'	(b) (4), (b) (6)	16 Sep 2020 22:32:48

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Folder: Covid-19 Assessment 10 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:51:48
User entered '10 Sep 2020 18:31'	System	16 Sep 2020 22:32:48

US3292241

Folder: Covid-19 Assessment 10 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:51:56
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:51:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:51:48
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	(b) (4), (b) (6)	16 Sep 2020 22:32:48

US3292241

Folder: Covid-19 Assessment 10 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:51:55
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:51:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:51:48
User entered 'No (N)'	(b) (4), (b) (6)	16 Sep 2020 22:32:48

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Folder: Covid-19 Assessment 10 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:52:08
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:52:06
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:52:06
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 18:16:13

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:52:57
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:52:45
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:52:45
User entered '12 Sep 2020'	(b) (4), (b) (6)	18 Sep 2020 18:17:26

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:52:56
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:52:45
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:52:45
User entered '16:11'	(b) (4), (b) (6)	18 Sep 2020 18:17:26

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:52:45
User entered '12 Sep 2020 16:11'	System	18 Sep 2020 18:17:26

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:52:53
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:52:45
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:52:45
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	(b) (4), (b) (6)	18 Sep 2020 18:17:26

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:52:51
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:52:45
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:52:45
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 18:17:26

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Folder: Covid-19 Assessment 12 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:53:51
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:53:16
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:53:16
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 18:20:05

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:54:32
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:54:28
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:54:28
User entered '12 Sep 2020'	(b) (4), (b) (6)	18 Sep 2020 18:20:35

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:54:34
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:54:28
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:54:28
User entered '16:18'	(b) (4), (b) (6)	18 Sep 2020 18:20:35

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:54:28
User entered '12 Sep 2020 16:18'	System	18 Sep 2020 18:20:35

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:54:37
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:54:28
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:54:28
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	(b) (4), (b) (6)	18 Sep 2020 18:20:35

US3292241

Folder: Covid-19 Assessment 12 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:54:40
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:54:28
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:54:28
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 18:20:35

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Folder: Covid-19 Assessment 12 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:54:59
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:54:56
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:54:56
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 20:52:17

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Folder: Covid-19 Assessment 13 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:55:54
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:55:51
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:55:51
User entered '13 Sep 2020'	(b) (4), (b) (6)	18 Sep 2020 20:52:47

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Folder: Covid-19 Assessment 13 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:55:56
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:55:51
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:55:51
User entered '14:17'	(b) (4), (b) (6)	18 Sep 2020 20:52:47

US3292241

Folder: Covid-19 Assessment 13 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:55:51
User entered '13 Sep 2020 14:17'	System	18 Sep 2020 20:52:47

US3292241

Folder: Covid-19 Assessment 13 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:55:59
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:55:51
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:55:51
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	(b) (4), (b) (6)	18 Sep 2020 20:52:47

US3292241

Folder: Covid-19 Assessment 13 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:56:01
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:55:51
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:55:51
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 20:52:47

US3292241

Folder: Covid-19 Assessment 13 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:56:18
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:56:15
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:56:15
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 20:55:44

US3292241

Folder: Covid-19 Assessment 14 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:56:42
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:56:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:56:39
User entered '14 Sep 2020'	(b) (4), (b) (6)	18 Sep 2020 20:56:09

US3292241

Folder: Covid-19 Assessment 14 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:56:44
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:56:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:56:39
User entered '13:54'	(b) (4), (b) (6)	18 Sep 2020 20:56:09

US3292241

Folder: Covid-19 Assessment 14 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:56:39
User entered '14 Sep 2020 13:54'	System	18 Sep 2020 20:56:09

US3292241

Folder: Covid-19 Assessment 14 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:56:46
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:56:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:56:39
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	(b) (4), (b) (6)	18 Sep 2020 20:56:09

US3292241

Folder: Covid-19 Assessment 14 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:56:49
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:56:39
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:56:39
User entered 'Yes (Y)'	(b) (4), (b) (6)	18 Sep 2020 20:56:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:21:51
User entered '28 Aug 2020'	Kristy Trevino (b) (4)	28 Aug 2020 19:55:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
User entered '13:05' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:21:51
User entered '14:55'	Kristy Trevino (b) (4)	28 Aug 2020 19:55:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 13:05'	System	06 Nov 2020 17:21:51
User entered '28 Aug 2020 14:55'	System	28 Aug 2020 19:55:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
User entered 'Clinical Visit - Unscheduled (Clinical Visit - Unscheduled)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	11 Sep 2020 15:23:17
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	28 Aug 2020 19:55:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 19:55:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 2 (Day 2)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '98'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '98' F	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

Fatigue

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:02:14

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 3 (Day 3)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '96'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '35.7' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

Fatigue

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:09:01

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 4 (Day 4)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '98'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.1' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 01:10:55

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 5 (Day 5)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '31 Aug 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '98'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

Temperature

Audit	User	Time (GMT)
User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	13 Sep 2020 17:47:04
User entered '37.2' C reason for change: Data Entry Error	Kristy Trevino (b) (4)	13 Sep 2020 17:47:04
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	13 Sep 2020 17:46:48
User entered '3702' (non-conformant).	Kristy Trevino (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

Fatigue

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:46:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 6 (Day 6)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '1 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '100'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.6' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:48:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 7 (Day 7)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '2 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '96'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.8' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:49:19

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 8 (Day 8)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '3 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '96'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.6' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

Fatigue

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 17:55:29

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 9 (Day 9)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '4 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '98'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.4' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:02:03

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 10 (Day 10)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '5 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.8' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:03:52

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 11 (Day 11)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '6 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.1' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:05:07

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 12 (Day 12)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '7 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.8' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:25:16

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 13 (Day 13)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.4' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

Fatigue

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:26:31

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 14 (Day 14)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '9 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '98'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.9' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:27:57

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 15 (Day 15)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.0' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:31:05

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 16 (Day 16)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '91'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.4' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:33:30

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 17 (Day 17)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.8' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

Fatigue

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 18:36:09

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 18 (Day 18)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '100'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.7' C	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

Fatigue

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	13 Sep 2020 19:28:48

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 19 (Day 19)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.1' C	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	14 Sep 2020 19:06:23

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 20 (Day 20)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.0' C	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	15 Sep 2020 20:46:54

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 21 (Day 21)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '94'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.0' C	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	16 Sep 2020 21:02:42

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 22 (Day 22)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97' reason for change: Data Entry Error	Gerardo Pena (b) (4)	30 Sep 2020 20:21:33
User entered '95'	Kristy Trevino (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.8' C	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	17 Sep 2020 21:49:22

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 23 (Day 23)' reason for change:	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49
Data Entry Error	(b) (4)	
User entered 'Day 22 (Day 22)'	Kristy Trevino (b) (4)	18 Sep 2020 16:16:20
	(b) (4)	

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User entered '18 Sep 2020'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '98'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.2' C	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	18 Sep 2020 16:16:20

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 1 (Day 1)' reason for change:	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
Data Entry Error		
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49
	(b) (4)	

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	10 Nov 2020 10:59:44
User entered '27 Aug 2020' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
Query 'Data is required. Please complete.' answered with 'visit was not done.. Subject was unreachable ' (Site from System).	Kristy Trevino (b) (4)	21 Sep 2020 21:56:57
User opened query 'Data is required. Please complete.' (Site from System).	System	21 Sep 2020 21:54:49
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '98' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Nov 2020 17:24:22
User entered empty.	System	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '37.0' C reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:24:22
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User opened query 'Per CDM: Previous response confirms that assessment was not done. Please review and update the corresponding data field accordingly.' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 11:04:04
Query 'Per CDM: Previous response confirmed that assesments was not done..Please review and update the corresponding data field accordingly.' canceled (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 11:03:03
User opened query 'Per CDM: Previous response confirmed that assesments was not done..Please review and update the corresponding data field accordingly.' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 11:02:52
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	10 Nov 2020 11:00:13
Query 'Data is required. Please complete.' answered with 'visit not done' (Site from System).	Dawn Killian (b) (4)	23 Sep 2020 20:46:09
User opened query 'Data is required. Please complete.' (Site from System).	(b) (4)	
User entered empty.	System	21 Sep 2020 21:54:49
	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49
	(b) (4)	

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 26 (Day 26)' reason for change:	Kristy Trevino (b) (4)	10 Oct 2020 04:14:01
Data Entry Error	(b) (4)	
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49
	(b) (4)	

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	21 Sep 2020 21:56:35
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	21 Sep 2020 21:56:35
User entered '21 Sep 2020' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User opened query 'Data is required. Please complete.' (Site from System).	System	21 Sep 2020 21:54:49
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

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Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '97' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	21 Sep 2020 21:56:35
User entered empty.	System	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '36.4' C reason for change: Data Entry Error	Kristy Trevino (b) (4)	10 Oct 2020 04:14:12
User entered '36.8' C reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	10 Oct 2020 04:15:27
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	10 Oct 2020 04:15:13
User entered 'Mild (Mild)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)' reason for change: Data Entry Error	Kristy Trevino (b) (4)	21 Sep 2020 21:56:35
User entered empty.	Kristy Trevino (b) (4)	21 Sep 2020 21:54:49

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
User opened query 'Per GCL Lab Reconciliation: Swab Sample dated 28Aug2020 is recorded under Illness visit in EDC, however a Saliva samples are also reported under Illness visit dated in PPD Central lab. Please reconcile and update if applicable. Else clarify, thank you' (Site from DM).	(b) (4), (b) (6)	25 Oct 2020 21:21:41
User entered '28 Aug 2020'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Swab never resulted per PPD! Potentially lost sample by PPD Lab.' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:25:29
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 08:31:55
User opened query 'Per CDM: As per CCGs, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 08:29:40
Query 'Data is required. Please complete.' answered with 'Results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	28 Aug 2020 22:05:15
User opened query 'Data is required. Please complete.' (Site from System).	System	28 Aug 2020 22:03:11
User entered empty.	Kristy Trevino (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	11 Sep 2020 15:25:40
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	28 Aug 2020 22:03:11
User entered 'No (N)'	Kristy Trevino (b) (4) (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	11 Sep 2020 15:25:40
User entered 'Test performed in home of patient'	Kristy Trevino (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	11 Sep 2020 15:25:40
User entered 'No (N)'	Kristy Trevino (b) (4)	28 Aug 2020 22:03:11

US3292241

Folder: Covid-19 Assessment 27 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:25:45
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	28 Aug 2020 22:05:45

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Per GCL Reconciliation: Saliva sample collected on 29AUG2020 is labelled under "Visit 1" in Viracor data and in GCL it is labelled under "Illness D3-D21". Please verify the correct visit for sample collected on this date.' answered with 'Updated' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:27:11
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:27:03
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:26:30
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:26:30
User opened query 'Per GCL Reconciliation: Saliva sample collected on 29AUG2020 is labelled under "Visit 1" in Viracor data and in GCL it is labelled under "Illness D3-D21". Please verify the correct visit for sample collected on this date.' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 05:14:43
User entered '29 Aug 2020'	Kristy Trevino (b) (4)	29 Aug 2020 15:50:37
	(b) (4)	

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:27:00
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:26:30
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:26:30
User entered '10:42'	Kristy Trevino (b) (4)	29 Aug 2020 15:50:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:26:30
User entered '29 Aug 2020 10:42'	System	29 Aug 2020 15:50:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:27:01
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:26:30
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:26:30
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	29 Aug 2020 15:50:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:26:57
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:26:30
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:26:30
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	29 Aug 2020 15:50:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 3 (Day 3)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

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Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User opened query 'Per CDM: Symptom Day 3 with a date of 29AUG2020 appears to be a duplicate. Please reconcile. ' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 16:56:25
User entered '29 Aug 2020'	Kristy Trevino (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '96'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered '98.3' F	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'Mild (Mild)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Kristy Trevino (b) (4) (b) (4)	29 Aug 2020 15:54:51

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Visit](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 08:34:42
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:28:37
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:28:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:11
User entered '29 Aug 2020'	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 08:34:46
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:28:36
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:28:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:11
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
User closed query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	11 Nov 2020 08:34:52
Query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:28:34
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 14:54:39
User opened query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 14:54:37
Query 'Data is required. Please complete.' answered with 'RESULTS HAVE NOT YET BEEN RECEIVED AS OF YET' (Site from System).	Kristy Trevino (b) (4)	29 Aug 2020 15:56:54
User opened query 'Data is required. Please complete.' (Site from System).	System	29 Aug 2020 15:56:37
User entered empty.	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 08:34:55
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:28:32
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:28:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:11
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 08:34:58
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:28:30
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:28:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:11
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User closed query 'Type of Test performed is not Other, however, Specify is provided. Please review and reconcile.' (Site from System).	System	29 Aug 2020 15:57:14
User entered empty; reason for change Data Entry Error	Kristy Trevino (b) (4)	29 Aug 2020 15:57:14
User opened query 'Type of Test performed is not Other, however, Specify is provided. Please review and reconcile.' (Site from System).	System	29 Aug 2020 15:56:37
User entered 'results have not yet been received as of Kristy Trevino yet'	(b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Was this diagnostic test performed at a lab other than the Study Central Lab?

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 08:35:00
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:28:27
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:28:11
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:11
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:54:38
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:54:38
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	29 Aug 2020 15:56:37
User entered 'No (N)'	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:11
User entered 'testing was done in patients home'	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

US3292241

Folder: Covid-19 Assessment 29 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:11
User entered 'No (N)'	Kristy Trevino (b) (4)	29 Aug 2020 15:56:37

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Folder: Covid-19 Assessment 29 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:28:51
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:28:48
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:28:48
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	29 Aug 2020 15:58:08

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 15:24:01
Query 'Data is required. Please complete.' answered with 'Data entered in error, cleared. Page to be deleted' (Site from System).	Nathan Cortez (b) (4)	14 Sep 2020 19:36:00
User opened query 'Data is required. Please complete.' (Site from System).	System	14 Sep 2020 19:35:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:35:35
User entered '30 Aug 2020'	Kristy Trevino (b) (4)	30 Aug 2020 17:30:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 15:24:03
Query 'Data is required. Please complete.' answered with 'Data entered in error, cleared. Page to be deleted' (Site from System).	Nathan Cortez (b) (4)	14 Sep 2020 19:36:03
User opened query 'Data is required. Please complete.' (Site from System).	System	14 Sep 2020 19:35:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:35:35
User entered '12:29'	Kristy Trevino (b) (4)	30 Aug 2020 17:30:12

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	14 Sep 2020 19:35:35
User entered '30 Aug 2020 12:29'	System	30 Aug 2020 17:30:12

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Type of Contact](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 15:24:05
Query 'Data is required. Please complete.' answered with 'Data entered in error, cleared. Page to be deleted' (Site from System).	Nathan Cortez (b) (4)	14 Sep 2020 19:36:05
User opened query 'Data is required. Please complete.' (Site from System).	System	14 Sep 2020 19:35:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:35:35
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	30 Aug 2020 17:30:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	11 Nov 2020 15:24:07
Query 'Data is required. Please complete.' answered with 'Data entered in error, cleared. Page to be deleted' (Site from System).	Nathan Cortez (b) (4)	14 Sep 2020 19:36:16
User opened query 'Data is required. Please complete.' (Site from System).	System	14 Sep 2020 19:35:35
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:35:35
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	30 Aug 2020 17:30:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Symptom Day](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Day 4 (Day 4)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Date](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	12 Nov 2020 16:04:44
Query 'Data is required. Please complete.' answered with 'Data entered in error, cleared. Page to be deleted' (Site from System).	Nathan Cortez (b) (4)	14 Sep 2020 19:37:49
User opened query 'Data is required. Please complete.' (Site from System).	System	14 Sep 2020 19:37:38
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered '30 Aug 2020'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Kristy Trevino (b) (4) (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered '98'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	14 Sep 2020 19:37:38
User entered '%'	System	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Temperature](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered '98.3' F	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Chills](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Cough](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Fatigue](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Body Aches](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Headache](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

US3292241

Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Nausea](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Vomiting](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Diarrhea](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'None (None)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:50:08

[Sore Throat](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	14 Sep 2020 19:37:38
User entered 'Mild (Mild)'	Kristy Trevino (b) (4)	30 Aug 2020 17:33:34

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

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[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:30:10
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:29:37
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:29:37
User entered '30 Aug 2020'	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

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[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:30:08
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:29:37
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:29:37
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

Did Subject Test Positive For SARS-CoV-2 by RT-PCR?

Audit	User	Time (GMT)
Query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' answered with 'Assessment entered in error. Please delete page' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 17:30:07
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 14:56:02
User opened query 'Per CDM: As per CCG, data should be indicated as "Yes or NO". Please review and update accordingly' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 14:56:00
Query 'Data is required. Please complete.' answered with 'Results not received as of yet ' (Site from System).	Kristy Trevino (b) (4)	30 Aug 2020 17:44:33
User opened query 'Data is required. Please complete.' (Site from System).	System	30 Aug 2020 17:44:12
User entered empty.	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:30:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:29:37
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:29:37
User entered '26 Aug 2020'	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:30:03
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:29:37
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:29:37
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Form: COVID Diagnostic Test

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[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:30:14
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:29:37
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:29:37
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:55:12
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:55:12
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	30 Aug 2020 17:44:12
User entered 'No (N)'	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:29:37
User entered 'Performed in subjects home'	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:29:37
User entered 'No (N)'	Kristy Trevino (b) (4)	30 Aug 2020 17:44:12

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Folder: Covid-19 Assessment 30 Aug 2020

Form: Generate Next COVID-19 Assessment

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[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:30:35
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:30:33
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:30:33
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	30 Aug 2020 17:30:21

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Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:31:07
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:30:55
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:30:55
User entered '31 Aug 2020'	Kristy Trevino (b) (4)	02 Sep 2020 05:32:36

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Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:31:05
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:30:55
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:30:55
User entered '15:59'	Kristy Trevino (b) (4)	02 Sep 2020 05:32:36

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Nov 2020 17:30:55
User entered '31 Aug 2020 15:59'	System	02 Sep 2020 05:32:36

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Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID-19 Contact

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[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:31:03
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:30:55
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:30:55
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Kristy Trevino (b) (4)	02 Sep 2020 05:32:36

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Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:50:08

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:31:01
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:30:55
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:30:55
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	02 Sep 2020 05:32:36

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[Date of Visit](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:32:13
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:31:57
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User entered '31 Aug 2020'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

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Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:32:12
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:31:57
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

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Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

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[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:32:11
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:31:57
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User entered 'No (N)'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

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Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Date of Test](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:32:09
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:31:57
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User entered '27 Aug 2020'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Type of Test Performed](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:32:08
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:31:57
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kristy Trevino (b) (4) (b) (4)	02 Sep 2020 05:35:43

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:32:06
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:31:57
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	24 Sep 2020 01:55:30
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4)	24 Sep 2020 01:55:30
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	System	02 Sep 2020 05:35:43
User entered 'No (N)'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User entered 'Test done in subject home'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[CLIA Certified?](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:31:57
User entered 'No (N)'	Kristy Trevino (b) (4)	02 Sep 2020 05:35:43

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:50:08

[COVID-19 Positive \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	02 Sep 2020 05:35:43

US3292241

Folder: Covid-19 Assessment 31 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:50:08

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'Assessment entered in error. Please delete page' (Site from System).	Nathan Cortez (b) (4)	06 Nov 2020 17:32:28
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Nov 2020 17:32:24
User entered empty; reason for change Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 17:32:24
User entered 'Yes (Y)'	Kristy Trevino (b) (4)	02 Sep 2020 05:37:00

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:50:08

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 3 (Day 3)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:50:08

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:50:08

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 5 (Day 5)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:50:08

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '31 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:50:08

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 7 (Day 7)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:50:08

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '02 Sep 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:50:08

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 9 (Day 9)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:50:08

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '04 Sep 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:50:08

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 14 (Day 14)'	Nathan Cortez (b) (4)	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:50:08

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '09 Sep 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:50:08

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 21 (Day 21)'	Nathan Cortez (b) (4)	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:50:08

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:50:08

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 28 (Day 28)'	Nathan Cortez (b) (4)	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:50:08

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:01:31

US3292241

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:58:23

US3292241

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:58:23

US3292241

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Home (Home)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:58:23

US3292241

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD1'	System	06 Nov 2020 17:58:23

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
User entered '13:05'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 13:05'	System	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '167.6' cm	Nathan Cortez (b) (4)	06 Nov 2020 17:59:25
DataPoint set to visible.	System	06 Nov 2020 17:58:23

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Weight \(.xxx.x\)](#)

Audit	User	Time (GMT)
User entered '141.2' kg	Nathan Cortez (b) (4)	06 Nov 2020 17:59:25
DataPoint set to visible.	System	06 Nov 2020 17:58:23

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '37.0' C	Nathan Cortez (b) (4)	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '74'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '18'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '145'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '79'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:50:08

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	06 Nov 2020 17:59:25

US3292241

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:55

US3292241

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:50:08

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 17:59:55

US3292241

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:50:08

Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nathan Cortez (b) (4)	06 Nov 2020 18:00:12

US3292241

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:50:08

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:00:12

US3292241

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:00:20

US3292241

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:00:20

US3292241

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered empty.	Nathan Cortez (b) (4) [REDACTED]	06 Nov 2020 18:00:20

US3292241

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:50:08

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD28'	System	06 Nov 2020 18:00:20

US3292241

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:50:08

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:24:12

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Adverse event](#)

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Please review if this refers to Lymphadenopathy. If yes, please update AE term to LYMPHADENOPATHY and ensure to provide the specific anatomical location and laterality of LYMPHADENOPATHY (e.g., Left Axillary Lymphadenopathy - IPSILATERAL to vaccination arm). Update accordingly. Otherwise, clarify. ' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 23:19:50
User coded data point as SOC: Blood and lymphatic system disorders, HLGT: Spleen, lymphatic and reticuloendothelial system disorders, HLT: Lymphatic system disorders NEC, PT: Lymphadenopathy, LLT: Swollen lymph nodes - version MedDRA\\23.0.	Coder Import (b) (4)	27 Oct 2020 18:33:24
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	(b) (4)	27 Oct 2020 18:33:24
Data point term sent to Coder	System	27 Oct 2020 18:33:05
User entered 'SWOLLEN LYMPHNODES'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 15:38:20
Query 'Data is required. Please provide.' answered with 'START TIME IS UNKNOWN' (Site from System).	(b) (4), (b) (6)	27 Oct 2020 18:33:36
User opened query 'Data is required. Please provide.' (Site from System).	System	27 Oct 2020 18:32:32
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, end date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 15:37:54
Query 'Data is required. Please provide.' answered with 'END TIME IS UNKNOWN' (Site from System).	(b) (4), (b) (6)	27 Oct 2020 18:33:44
User opened query 'Data is required. Please provide.' (Site from System).	System	27 Oct 2020 18:32:32
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 2/Moderate (Grade 2/Moderate)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Death](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Hospital Discharge Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Related (RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Action taken with investigational product](#)

Audit	User	Time (GMT)
User entered 'Not Applicable (NOT APPLICABLE)'	Nathan Cortez (b) (4)	06 Nov 2020 16:23:32
reason for change: Data Entry Error		
User entered 'None (NONE)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[None](#)

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Narrative](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:50:08

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:32:32

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Eye disorders, HLGT: Eye disorders NEC, HLT: Ocular disorders NEC, PT: Eye swelling, LLT: Eye swelling - version MedDRA\23.0.	Coder Import (b) (4)	27 Oct 2020 22:30:32
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\23.0.	Coder Import (b) (4)	27 Oct 2020 22:30:32
Data point term sent to Coder	System	27 Oct 2020 18:36:08
User entered 'LEFT Eye swelling'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	27 Oct 2020 18:36:40
User entered '21 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	02 Nov 2020 15:39:03
Query 'Data is required. Please provide.' answered with 'START TIME IS UNKNOWN' (Site from System).	(b) (4), (b) (6)	27 Oct 2020 18:37:19
User opened query 'Data is required. Please provide.' (Site from System).	System	27 Oct 2020 18:36:40
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, end date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 1/Mild (Grade 1/Mild)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Death](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Hospital Discharge Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Action taken with investigational product](#)

Audit	User	Time (GMT)
User entered 'None (NONE)'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[None](#)

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Outcome](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	27 Oct 2020 18:36:09
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	27 Oct 2020 18:36:09
User entered 'Recovering/Resolving (RECOVERING/RESOLVING)' reason for change: Data Entry Error	(b) (4), (b) (6)	27 Oct 2020 18:36:09
User opened query 'Data is required. Please complete.' (Site from System).	System	27 Oct 2020 18:35:43
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Narrative](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:50:08

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:35:43

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Nervous system disorders, HLGT: Headaches, HLT: Headaches NEC, PT: Headache, LLT: Occipital headache - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	27 Oct 2020 18:45:34
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	27 Oct 2020 18:45:34
Data point term sent to Coder	System	27 Oct 2020 18:44:21
User entered 'Occipital headache'	(b) (4), (b) (6) (b) (4)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Per DM CLR: Please note that this AE start date does not match the Diary initial start date of Solicited Symptom HEADACHE on 20AUG2020. Please review if this should be reconciled. Else, provide clarification on dates.' answered with 'updated' (Site from DM).	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:48:29
User entered '20 Aug 2020' reason for change: Data Entry Error	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:48:20
User opened query 'Per DM CLR: Please note that this AE start date does not match the Diary initial start date of Solicited Symptom HEADACHE on 20AUG2020. Please review if this should be reconciled. Else, provide clarification on dates.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 23:20:48
User entered '24 Aug 2020'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
Query 'Data is required. Please provide.' answered with 'unknown' (Site from System).	Kevin Martinez (b) (4)	24 Nov 2020 20:48:34
User opened query 'Data is required. Please provide.' (Site from System).	System	24 Nov 2020 20:48:20
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
Query 'Data is required. Please provide.' answered with 'unknown' (Site from System).	Kevin Martinez (b) (4)	24 Nov 2020 20:48:36
User opened query 'Data is required. Please provide.' (Site from System).	System	24 Nov 2020 20:48:20
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 2/Moderate (Grade 2/Moderate)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Death](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Related (RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

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 'Subject declined 2nd dose of the vaccination due to AE. ' (Site from DM).	Kevin Martinez (b) (4)	24 Nov 2020 20:44:25
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)	23 Nov 2020 23:20:35
User closed query 'Per CDM: Action taken = Investigational Product Withdrawn for AE #(3) OCCIPATAL HEADACHE and #(4) FATIGUE however, only ONE event should be recorded as IP Withdrawn due to this AE? Please review and update accordingly else, clarify further.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 15:36:13
Query 'Per CDM: Action taken = Investigational Product Withdrawn for AE #(3) OCCIPATAL HEADACHE and #(4) FATIGUE however, only ONE event should be recorded as IP Withdrawn due to this AE? Please review and update accordingly else, clarify further.' answered with 'Updated' (Site from DM).	Nathan Cortez (b) (4)	06 Nov 2020 16:42:24
User opened query 'Per CDM: Action taken = Investigational Product Withdrawn for AE #(3) OCCIPATAL HEADACHE and #(4) FATIGUE however, only ONE event should be recorded as IP Withdrawn due to this AE? Please review and update accordingly else, clarify further.' (Site from DM).	(b) (4), (b) (6)	05 Nov 2020 22:19:59
User closed query 'Data is required. Please complete.' (Site from System).	System	27 Oct 2020 18:44:03
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	27 Oct 2020 18:44:03
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Data Entry Error	(b) (4), (b) (6)	27 Oct 2020 18:44:03
User opened query 'Data is required. Please complete.' (Site from System).	System	27 Oct 2020 18:43:50
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

None

Audit	User	Time (GMT)
Query 'Per DM CLR: Other Action Taken = None, however there is a Concomitant Medication #16 recorded that matches this AE during this timeframe. Please review and update this field.' answered with 'updated' (Site from DM).	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:46:38
User entered '0' reason for change: Data Entry Error	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:46:30
User opened query 'Per DM CLR: Other Action Taken = None, however there is a Concomitant Medication #16 recorded that matches this AE during this timeframe. Please review and update this field.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 23:20:58
User entered '1'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '1' reason for change: Data Entry Error Kevin Martinez (b) (4)	(b) (4)	24 Nov 2020 20:46:30
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Narrative](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:50:08

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:43:50

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: General disorders and administration site conditions, HLGT: General system disorders NEC, HLT: Asthenic conditions, PT: Fatigue, LLT: Fatigue - version MedDRA\\23.0.	Coder Import (b) (4)	27 Oct 2020 18:48:25
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	27 Oct 2020 18:48:25
Data point term sent to Coder	System	27 Oct 2020 18:47:35
User entered 'Fatigue'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	27 Oct 2020 18:47:38
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	27 Oct 2020 18:47:38
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	27 Oct 2020 18:47:38
User opened query 'Data is required. Please complete.' (Site from System).	System	27 Oct 2020 18:47:28
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Per DM CLR: Please note that this AE start date does not match the Diary initial start date of Solicited Symptom FATIGUE on 20AUG2020. Please review if this should be reconciled. Else, provide clarification on dates.' answered with 'updated' (Site from DM).	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:49:20
User entered '20 Aug 2020' reason for change: Data Entry Error	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:49:10
User opened query 'Per DM CLR: Please note that this AE start date does not match the Diary initial start date of Solicited Symptom FATIGUE on 20AUG2020. Please review if this should be reconciled. Else, provide clarification on dates.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 23:21:14
User entered '24 Aug 2020'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
Query 'Data is required. Please provide.' answered with 'unknown' (Site from System).	Kevin Martinez (b) (4)	24 Nov 2020 20:49:22
User opened query 'Data is required. Please provide.' (Site from System).	System	24 Nov 2020 20:49:10
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '21 Sep 2020'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
Query 'Data is required. Please provide.' answered with 'unknown' (Site from System).	Kevin Martinez (b) (4)	24 Nov 2020 20:49:31
User opened query 'Data is required. Please provide.' (Site from System).	System	24 Nov 2020 20:49:10
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 1/Mild (Grade 1/Mild)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User closed query 'Is the adverse event serious is No, System but seriousness criteria is provided. Please correct.' (Site from System).	System	27 Oct 2020 18:50:40
User opened query 'Is the adverse event serious is No, but seriousness criteria is provided. Please correct.' (Site from System).	System	27 Oct 2020 18:50:12
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	27 Oct 2020 18:50:12
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Death](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Hospital Discharge Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0' reason for change: Data Entry Error	(b) (4), (b) (6)	27 Oct 2020 18:50:40
User entered '1'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Related (RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Action taken with investigational product](#)

Audit	User	Time (GMT)
User entered 'Not Applicable (NOT APPLICABLE)' reason for change: Data Entry Error	Nathan Cortez (b) (4)	06 Nov 2020 16:42:09
User entered 'Investigational Product Withdrawn (WITHDRAWN)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

None

Audit	User	Time (GMT)
Query 'Per DM CLR: Other Action Taken = None, however there is a Concomitant Medication #16 recorded that matches this AE during this timeframe. Please review and update this field.' answered with 'updated' (Site from DM).	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:50:14
User entered '0' reason for change: Data Entry Error	Kevin Martinez (b) (4) (b) (4)	24 Nov 2020 20:49:43
User opened query 'Per DM CLR: Other Action Taken = None, however there is a Concomitant Medication #16 recorded that matches this AE during this timeframe. Please review and update this field.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 23:21:24
User entered '1'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '1' reason for change: Data Entry Error Kevin Martinez (b) (4)	(b) (4)	24 Nov 2020 20:49:43
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Narrative](#)

Audit	User	Time (GMT)
User closed query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' (Site from System).	System	27 Oct 2020 18:50:12
Query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' answered by data change (Site from System).	System	27 Oct 2020 18:50:12
User opened query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' (Site from System).	System	27 Oct 2020 18:47:28
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:50:12
User entered '1'	System	27 Oct 2020 18:47:28

US3292241

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:50:08

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	27 Oct 2020 18:47:28

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:50:08

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

Audit	User	Time (GMT)
Query 'Per CDM: Per the participant response, medication was taken to treat pain or fever is yes on Dairy dose 1 day 2, day 6, day 7, day 8 and day 9 Subject states he took Tylenol (500 mg) for Headache and body-aches , and temperature, Kindly update Tylenol in the concomitant medication page. ' answered with 'updated' (Site from DM).	Victoria Hernandez (b) (4)	11 Nov 2020 15:07:40
User opened query 'Per CDM: Per the participant response, medication was taken to treat pain or fever is yes on Dairy dose 1 day 2, day 6, day 7, day 8 and day 9 Subject states he took Tylenol (500 mg) for Headache and body-aches , and temperature, Kindly update Tylenol in the concomitant medication page. ' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 10:33:26
User closed query 'Per CDM: Per the participant response, medication was taken to treat pain or fever is yes on day 2, day 6, day 7, day 8 and day 9 Subject states he took Tylenol (500 mg) for Headache and body-aches , and temperature, Kindly update Tylenol in the concomitant medication page. Thank you. ' (Site from DM).	(b) (4), (b) (6)	02 Nov 2020 10:31:17
Query 'Per CDM: Per the participant response, medication was taken to treat pain or fever is yes on day 2, day 6, day 7, day 8 and day 9 Subject states he took Tylenol (500 mg) for Headache and body-aches , and temperature, Kindly update Tylenol in the concomitant medication page. Thank you. ' answered with 'UPDATED' (Site from DM).	Victoria Hernandez (b) (4)	23 Sep 2020 20:55:06
User opened query 'Per CDM: Per the participant response, medication was taken to treat pain or fever is yes on day 2, day 6, day 7, day 8 and day 9 Subject states he took Tylenol (500 mg) for Headache and body-aches , and temperature, Kindly update Tylenol in the concomitant medication page. Thank you. ' (Site from DM).	(b) (4), (b) (6)	01 Sep 2020 19:32:20
Query 'Per CDM: Per the participant response, medication was taken to treat pain or fever Subject states he took Tylenol (500 mg) for Headache and body-aches , and temperature, Kindly update Tylenol in the concomitant medication page. Thank you. ' canceled (Site from DM).	(b) (4), (b) (6)	01 Sep 2020 19:32:10

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:50:08

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
User opened query 'Per CDM: Per the participant response, medication was taken to treat pain or fever Subject states he took Tylenol (500 mg) for Headache and body-aches , and temperature, Kindly update Tylenol in the concomitant medication page. Thank you. ' (Site from DM).	(b) (4), (b) (6)	01 Sep 2020 19:22:15
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:06:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ALIMENTARY TRACT AND METABOLISM, ATC: VITAMINS, ATC: MULTIVITAMINS, PLAIN, ATC: MULTIVITAMINS, PLAIN, PRODUCT: VITAMINS NOS, PRODUCTSYNONYM: MULTIVITAMIN [VITAMINS NOS] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:09:27
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:09:27
Data point term sent to Coder	System	21 Aug 2020 15:08:38
User entered 'Multivitamin'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
Query 'Per CDM: Response is recorded as No; however, indication is recorded as health promotion measure. Please clarify if this was given as a prophylactic or preventative measure. If yes, please update accordingly' answered with 'updated-self evident' (Site from DM).	Dawn Killian (b) (4) (b) (4)	05 Nov 2020 19:20:55
User entered 'Yes (Y)' reason for change: Data Entry Error	Dawn Killian (b) (4) (b) (4)	05 Nov 2020 19:20:52
User opened query 'Per CDM: Response is recorded as No; however, indication is recorded as health promotion measure. Please clarify if this was given as a prophylactic or preventative measure. If yes, please update accordingly' (Site from DM).	(b) (4), (b) (6)	05 Nov 2020 16:38:22
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Supplement'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'tablet (TABLET)'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 1960'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	21 Aug 2020 15:07:50

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: ANTIHISTAMINES FOR SYSTEMIC USE, ATC: ANTIHISTAMINES FOR SYSTEMIC USE, ATC: OTHER ANTIHISTAMINES FOR SYSTEMIC USE, PRODUCT: QUERCETIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	01 Sep 2020 07:33:49
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	01 Sep 2020 07:33:49
Data point term sent to Coder	System	21 Aug 2020 15:09:40
User entered 'Quercetin'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Seasonal allergies'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'tablet (TABLET)'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	21 Aug 2020 15:08:46

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: PSYCHOLEPTICS, ATC: HYPNOTICS AND SEDATIVES, ATC: MELATONIN RECEPTOR AGONISTS, PRODUCT: MELATONIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:11:16
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:11:16
Data point term sent to Coder	System	21 Aug 2020 15:10:41
User entered 'Melatonin'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Insomnia'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '3'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2015'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:09:43

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: SENSORY ORGANS, ATC: OPHTHALMOLOGICALS, ATC: OTHER OPHTHALMOLOGICALS, ATC: OTHER OPHTHALMOLOGICALS, PRODUCT: CARMELLOSE SODIUM, PRODUCTSYNONYM: REFRESH PLUS - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	08 Sep 2020 11:02:45
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	08 Sep 2020 11:02:45
Data point term sent to Coder	System	21 Aug 2020 15:11:46
User entered 'Refresh Plus eye drops'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Dry eyes'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '2'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'Other (OTHER)'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered 'drops'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Intraocular (INTRAOCULAR)'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:11:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ALIMENTARY TRACT AND METABOLISM, ATC: DRUGS FOR CONSTIPATION, ATC: DRUGS FOR CONSTIPATION, ATC: BULK-FORMING LAXATIVES, PRODUCT: FIBRE, DIETARY - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	04 Sep 2020 18:53:37
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	04 Sep 2020 18:53:37
User coded data point as ATC: ALIMENTARY TRACT AND METABOLISM, ATC: DRUGS FOR CONSTIPATION, ATC: DRUGS FOR CONSTIPATION, ATC: BULK-FORMING LAXATIVES, PRODUCT: POLYCARBOPHIL CALCIUM, PRODUCTSYNONYM: FIBER - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:13:20
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:13:20
Data point term sent to Coder	System	21 Aug 2020 15:12:48
User entered 'Fiber'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Constipation'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please provide the actual dose for this medication (e.g., 50 MCG, 100 MCG, etc) instead of tablet count, as there are multiple dosage options for this drug. Update the Dose and Dose Unit fields as appropriate. ' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 22:49:16
Query 'Per DM CLR: Please provide the actual dose for this medication (e.g., 50 MCG, 100 MCG, etc) instead of tablet count, as there are multiple dosage options for this drug. Update the Dose and Dose Unit fields as appropriate. ' answered with 'unknown per patient' (Site from DM).	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:55:07
User opened query 'Per DM CLR: Please provide the actual dose for this medication (e.g., 50 MCG, 100 MCG, etc) instead of tablet count, as there are multiple dosage options for this drug. Update the Dose and Dose Unit fields as appropriate. ' (Site from DM).	(b) (4), (b) (6)	18 Sep 2020 11:36:27
User entered 'I'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'tablet (TABLET)'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:12:13

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM, ATC: ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS), PLAIN, ATC: ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS), PLAIN, PRODUCT: TELMISARTAN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:15:25
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:15:25
Data point term sent to Coder	System	21 Aug 2020 15:13:49
User entered 'Telmisartan'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Hypertension'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '5'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un Jan 2020'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	21 Aug 2020 15:13:04

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, ATC: OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, ATC: LEUKOTRIENE RECEPTOR ANTAGONISTS, PRODUCT: MONTELUKAST - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:15:25
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:15:25
Data point term sent to Coder	System	21 Aug 2020 15:14:52
User entered 'Montelukast'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Seasonal allergies'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '5'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2017'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:14:18

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: NASAL PREPARATIONS, ATC: DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE, ATC: CORTICOSTEROIDS, PRODUCT: TRIAMCINOLONE ACETONIDE, PRODUCTSYNONYM: NASACORT - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Sep 2020 23:56:47
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Sep 2020 23:56:47
Data point term sent to Coder	System	21 Sep 2020 23:55:58
Coding entries removed.	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:55:27
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, ATC: OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS, ATC: GLUCOCORTICOIDS, PRODUCT: TRIAMCINOLONE ACETONIDE, PRODUCTSYNONYM: NASACORT - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:17:19
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:17:19
Data point term sent to Coder	System	21 Aug 2020 15:15:54
User entered 'Nasacort'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Seasonal allergies'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
Query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' answered with 'update' (Site from DM).	Kevin Martinez (b) (4)	04 Nov 2020 20:32:01
User entered '220' reason for change: Data Entry Error	Kevin Martinez (b) (4)	04 Nov 2020 20:31:54
User opened query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' (Site from DM).	(b) (4), (b) (6)	22 Oct 2020 08:03:18
User entered '48.75'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'ug (ug)' reason for change: Data Entry Kevin Martinez Error	(b) (4)	04 Nov 2020 20:33:50
User entered 'IU (IU)' reason for change: Data Entry Kevin Martinez Error	(b) (4)	04 Nov 2020 20:31:54
User entered 'mg (mg)'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please review the Route as this medication is not typically administered as indicated. Please update route as appropriate. ' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 09:43:46
Query 'Per DM CLR: Please review the Route as this medication is not typically administered as indicated. Please update route as appropriate. ' answered with 'updated ' (Site from DM).	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:55:39
User entered 'Nasal (NASAL)' reason for change: Data Entry Error	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:55:27
User opened query 'Per DM CLR: Please review the Route as this medication is not typically administered as indicated. Please update route as appropriate. ' (Site from DM).	(b) (4), (b) (6)	18 Sep 2020 11:39:33
User entered 'Respiratory (Inhalation) (RESPIRATORY (INHALATION))'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2010'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:15:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS, ATC: THYROID THERAPY, ATC: THYROID PREPARATIONS, ATC: THYROID HORMONES, PRODUCT: THYROID, PRODUCTSYNONYM: NATURE THROID - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	21 Aug 2020 15:17:21
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	21 Aug 2020 15:17:21
Data point term sent to Coder	System	21 Aug 2020 15:16:59
User entered 'Nature thyroid'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Hypothyroidism'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '48.75' reason for change: Data Entry	Kevin Martinez (b) (4)	04 Nov 2020 20:47:57
Error	(b) (4)	
User entered '88'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
Query 'Per DM CLR: Please review the unit recorded as this is not the expected unit for this medication. Please update the unit as appropriate or provide explanation for alternate unit.' answered with 'updated' (Site from DM).	Kevin Martinez (b) (4)	04 Nov 2020 20:48:04
User entered 'mg (mg)' reason for change: Data Entry Error	Kevin Martinez (b) (4)	04 Nov 2020 20:47:57
User opened query 'Per DM CLR: Please review the unit recorded as this is not the expected unit for this medication. Please update the unit as appropriate or provide explanation for alternate unit.' (Site from DM).	(b) (4), (b) (6)	22 Oct 2020 06:03:53
User closed query 'Per DM CLR: Please review "Other Unit" as there is an available option for "ug" in the listed choices for unit. Please review and select an appropriate option from the list provided in the CRF and amend as appropriate. (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 09:44:09
Query 'Per DM CLR: Please review "Other Unit" as there is an available option for "ug" in the listed choices for unit. Please review and select an appropriate option from the list provided in the CRF and amend as appropriate. (Site from DM).	Dawn Killian (b) (4)	21 Sep 2020 23:56:30
User entered 'ug (ug)' reason for change: Data Entry Error	Dawn Killian (b) (4)	21 Sep 2020 23:56:22
User opened query 'Per DM CLR: Please review "Other Unit" as there is an available option for "ug" in the listed choices for unit. Please review and select an appropriate option from the list provided in the CRF and amend as appropriate. (Site from DM).	(b) (4), (b) (6)	18 Sep 2020 11:38:56
User entered 'Other (OTHER)'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Dawn Killian (b) (4)	21 Sep 2020 23:56:22
User entered 'mcg'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2001'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (9)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	21 Aug 2020 15:16:07

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: PSYCHOLEPTICS, ATC: HYPNOTICS AND SEDATIVES, ATC: BENZODIAZEPINE RELATED DRUGS, PRODUCT: ZOLPIDEM - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:19:16
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	21 Aug 2020 15:19:16
Data point term sent to Coder	System	21 Aug 2020 15:17:59
User entered 'Zolpidem'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Insomnia'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '5'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2015'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (10)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 15:17:27

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: GENITO URINARY SYSTEM AND SEX HORMONES, ATC: SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM, ATC: ESTROGENS, ATC: NATURAL AND SEMISYNTHETIC ESTROGENS, PLAIN, PRODUCT: ESTRADIOL, PRODUCTSYNONYM: ESTROGEN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	24 Aug 2020 13:20:41
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	24 Aug 2020 13:20:41
Data point term sent to Coder	System	21 Aug 2020 15:19:01
User entered 'Estrogen'	(b) (4), (b) (6) (b) (4)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please update the indication to reflect the underlying medical condition that this medication is being used to prevent/treat. Please reconcile with AE or Med History eCRF so there is an appropriate match. Update eCRF as appropriate. (if indication is a mechanism of Action, Drug class, etc.)' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 09:44:45
Query 'Per DM CLR: Please update the indication to reflect the underlying medical condition that this medication is being used to prevent/treat. Please reconcile with AE or Med History eCRF so there is an appropriate match. Update eCRF as appropriate. (if indication is a mechanism of Action, Drug class, etc.)' answered with 'no underlying condition' (Site from DM).	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:57:25
User opened query 'Per DM CLR: Please update the indication to reflect the underlying medical condition that this medication is being used to prevent/treat. Please reconcile with AE or Med History eCRF so there is an appropriate match. Update eCRF as appropriate. (if indication is a mechanism of Action, Drug class, etc.)' (Site from DM).	(b) (4), (b) (6)	18 Sep 2020 11:37:15
User entered 'Hormone replacement'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User closed query ' Per DM CLR: Note, 2 mg/ml is a concentration, please update medication name to include this concentration and update dose and dose unit with the actual dose administered (eg, 1 Application, etc). Update as appropriate.' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 09:45:12
Query ' Per DM CLR: Note, 2 mg/ml is a concentration, please update medication name to include this concentration and update dose and dose unit with the actual dose administered (eg, 1 Application, etc). Update as appropriate.' answered with 'updated' (Site from DM).	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:59:48
User closed query 'Data is required. Please complete.' (Site from System).	System	21 Sep 2020 23:59:42
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	21 Sep 2020 23:59:42
User entered '1' reason for change: Data Entry Error	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:59:42
User opened query 'Data is required. Please complete.' (Site from System).	System	21 Sep 2020 23:59:16
User entered empty; reason for change Data Entry Error	Dawn Killian (b) (4) (b) (4)	21 Sep 2020 23:59:16
User opened query ' Per DM CLR: Note, 2 mg/ml is a concentration, please update medication name to include this concentration and update dose and dose unit with the actual dose administered (eg, 1 Application, etc). Update as appropriate.' (Site from DM).	(b) (4), (b) (6)	18 Sep 2020 11:37:27
User entered '2'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'Other (OTHER)'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
User entered 'application' reason for change: Data Entry Error	Dawn Killian (b) (4)	21 Sep 2020 23:59:16
User entered 'mg/mL'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Topical (TOPICAL)'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (11)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	21 Aug 2020 15:18:56

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: GENITO URINARY SYSTEM AND SEX HORMONES, ATC: SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM, ATC: PROGESTOGENS, ATC: PREGNEN (4) DERIVATIVES, PRODUCT: PROGESTERONE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	21 Aug 2020 15:21:20
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	21 Aug 2020 15:21:20
Data point term sent to Coder	System	21 Aug 2020 15:20:02
User entered 'Progesterone'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please update the indication to reflect the underlying medical condition that this medication is being used to prevent/treat. Please reconcile with AE or Med History eCRF so there is an appropriate match. Update eCRF as appropriate. (if indication is a mechanism of Action, Drug class, etc.)' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 09:45:27
Query 'Per DM CLR: Please update the indication to reflect the underlying medical condition that this medication is being used to prevent/treat. Please reconcile with AE or Med History eCRF so there is an appropriate match. Update eCRF as appropriate. (if indication is a mechanism of Action, Drug class, etc.)' ' answered with 'no underlying condition' (Site from DM).	Dawn Killian (b) (4) (b) (4)	22 Sep 2020 00:00:07
User opened query 'Per DM CLR: Please update the indication to reflect the underlying medical condition that this medication is being used to prevent/treat. Please reconcile with AE or Med History eCRF so there is an appropriate match. Update eCRF as appropriate. (if indication is a mechanism of Action, Drug class, etc.)' (Site from DM).	(b) (4), (b) (6)	18 Sep 2020 11:37:53
User entered 'Hormone replacement'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '100'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2000'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (12)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	21 Aug 2020 15:19:53

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

Name of Medication

Audit	User	Time (GMT)
User closed query 'Per MM: "As needed" frequency is not considered as a stable dose, please confirm if the subject's dose is within allowable dose- for corticosteroids, it should be \geq 20 mg/day of prednisone equivalent. ' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 22:43:40
Query 'Per MM: "As needed" frequency is not considered as a stable dose, please confirm if the subject's dose is within allowable dose- for corticosteroids, it should be \geq 20 mg/day of prednisone equivalent. ' answered with 'this is what subject uses with medication' (Site from DM).	Dawn Killian (b) (4) (b) (4)	22 Sep 2020 00:00:40
User opened query 'Per MM: "As needed" frequency is not considered as a stable dose, please confirm if the subject's dose is within allowable dose- for corticosteroids, it should be \geq 20 mg/day of prednisone equivalent. ' (Site from DM).	(b) (4), (b) (6)	17 Sep 2020 11:52:23
User coded data point as ATC: SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS, ATC: CORTICOSTEROIDS FOR SYSTEMIC USE, ATC: CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN, ATC: GLUCOCORTICOID, PRODUCT: PREDNISOLONE - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	23 Aug 2020 11:26:42
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	23 Aug 2020 11:26:42
Data point term sent to Coder	System	21 Aug 2020 16:19:45
User entered 'Prednisolone'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Asthma'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '10'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'un UNK 2015'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (13)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Aug 2020 16:19:02

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[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: LINCOSAMIDES, PRODUCT: CLINDAMYCIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	27 Oct 2020 19:08:32
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	27 Oct 2020 19:08:32
Data point term sent to Coder	System	27 Oct 2020 19:07:13
User entered 'clindamycin'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'TOOTH INFECTION'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '150'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)' reason for change:	Kevin Martinez (b) (4)	04 Nov 2020 20:49:05
Data Entry Error	(b) (4)	
User entered 'other (OTHER)'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User closed query 'Frequency is Other, however Other, specify is missing. Please provide.' (Site from System).	System	04 Nov 2020 20:49:05
User opened query 'Frequency is Other, however Other, specify is missing. Please provide.' (Site from System).	System	27 Oct 2020 19:06:35
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '24 Sep 2020'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (14)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 19:06:35

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: VACCINES, ATC: VIRAL VACCINES, ATC: INFLUENZA VACCINES, PRODUCT: INFLUENZA VACCINE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	29 Oct 2020 17:10:59
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	29 Oct 2020 17:10:59
Data point term sent to Coder	System	27 Oct 2020 19:08:15
User entered 'INFLUENZA VACINE'	(b) (4), (b) (6) (b) (4)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'PROPHYLAXIS'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'Other (OTHER)'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered 'INJECTION'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once (ONCE)'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Intramuscular (INTRAMUSCULAR)'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '13 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '13 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (15)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Oct 2020 19:08:09

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: TYLENOL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	05 Nov 2020 19:58:24
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	05 Nov 2020 19:58:24
Data point term sent to Coder	System	05 Nov 2020 19:58:06
User entered 'Tylenol'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Indication](#)

Audit	User	Time (GMT)
User entered 'Reactogenicity (HEADACHES,FATIGUE)'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '500'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Ongoing?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	05 Nov 2020 19:57:11
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	05 Nov 2020 19:57:11
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Nov 2020 19:57:11
User opened query 'Data is required. Please complete.' (Site from System).	System	05 Nov 2020 19:57:05
User entered empty.	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Aug 2020'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Nov 2020 19:57:05

US3292241

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (16)

Generated On: 26 Nov 2020 10:50:08

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	05 Nov 2020 19:57:05