

US3312201 (Prod: Johnson County Clin-Trials)

Generated By: (b) (6)

Generated On: 26 Nov 2020 10:53:27

All time stamps listed in this document are displayed in GMT

US3312201

Form: Participant Creation

Generated On: 26 Nov 2020 10:53:27

[Participant ID](#)

US3312201

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

US3312201

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

Date of Birth (MMM yyyy)	(b) (6) 1954
Age	65
Age Units	YEARS
Age (Derived)	65
Sex	Female <input type="radio"/> Male <input checked="" 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

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:53:27

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

Yes ☒

No ☐

US3312201

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:53:27

Were any significant conditions reported?

Yes ☒

No ☐

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

Condition	CERVICAL FRACTURE
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

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

Condition	CERVICAL FUSION
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

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

Condition	HERNIATED L2, L3, L4, L5 DISC
Start date (dd MMM yyyy)	UN UNK 2010
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 2013
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2010
Start Year (derived)	2010
Stop Month and Year (derived)	JAN 2013
Stop Year (derived)	2013

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

Condition	LUMBAR FUSION L2-L5
Start date (dd MMM yyyy)	UN UNK 2013
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 2013
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2013
Start Year (derived)	2013
Stop Month and Year (derived)	JAN 2013
Stop Year (derived)	2013

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

Condition	BACK PAIN
Start date (dd MMM yyyy)	UN UNK 2010
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 2010
Start Year (derived)	2010
Stop Month and Year (derived)	
Stop Year (derived)	

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

Condition	INTERMITTENT ABDOMINAL PAIN
Start date (dd MMM yyyy)	UN MAY 2020
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)	MAY 2020
Start Year (derived)	2020
Stop Month and Year (derived)	
Stop Year (derived)	

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

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>)	15:09 (24 HR)
Vital Signs Date and Time (derived)	20 AUG 2020 15:09
Height (<i>xxx.x</i>)	72 in
Weight (<i>xxx.x</i>)	226 lb
BMI (<i>xxx.x</i>)	30.71520 kg/m ²
BMI units	KG/M2
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral <input checked="" 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)	

US3312201

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

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.

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

Occupational Risk

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

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

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

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

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

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

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

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

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

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

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

Other Yes ☐ No ☒

Specify

Location and Living Circumstances Risk (check all that apply)

No Risk Identified False

Resides in Nursing Home or Assisted Living Facility False

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

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

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

What was the participant's randomization number? 187335

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 ☒

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:27

Height	ND - Not Done
Weight	ND - Not Done

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

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)	15:09 (24 HR)
Vital Signs Date and Time (derived)	20 AUG 2020 15:09
Temperature (xxx.x)	98 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	87 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	12 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	129 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	82 mmHg
Diastolic Blood Pressure units	MMHG

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

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)	16:42 (24 HR)
Vital Signs Date and Time (derived)	20 AUG 2020 16:42
Temperature (xxx.x)	97.9 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	93 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	148 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	101 mmHg
Diastolic Blood Pressure units	MMHG

US3312201

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

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.

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

Was study treatment given? Yes ☒ No ☐

If No, reason not given

Participant declined due to Adverse Event ☐

Physician withheld dose due to Adverse Event ☐

Death ☐

Lost To Follow-Up ☐

Physician Decision ☐

Pregnancy ☐

Protocol Deviation ☐

Study Terminated by Sponsor ☐

Withdrawal of Consent by Participant ☐

Confirmed COVID-19 ☐

Other ☐

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

What was the study treatment? MRNA-1273 OR PLACEBO

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

What was the treatment time? (00:00-23:59) 16:06 (24 HR)

Treatment Date and Time (derived) 20 AUG 2020 16:06

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

What was the frequency of the study treatment dosing? ONCE

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

US3312201

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

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>)	15:37 (24 HR)
Collection date and time (derived)	20 AUG 2020 15:37

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:53:27

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	15:30	20 AUG 2020 15:30
Nasopharyngeal Swab 2	No		

US3312201

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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

97.9 °F

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

Yes ☐

No ☒

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

PC Time Stamp

20 AUG 2020 16:45

PC Open Date & Time

20 AUG 2020 16:26

PC Close Date & Time

20 AUG 2020 18:56

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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 98.2 °F

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

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

PC Time Stamp	20 AUG 2020 22:33
PC Open Date & Time	20 AUG 2020 19:51
PC Close Date & Time	21 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 2

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.0 °F

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

Yes ☐

No ☒

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

PC Time Stamp

21 AUG 2020 23:19

PC Open Date & Time

21 AUG 2020 12:00

PC Close Date & Time

22 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 3

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.5 °F

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

Yes ☐

No ☒

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

PC Time Stamp

22 AUG 2020 20:50

PC Open Date & Time

22 AUG 2020 12:00

PC Close Date & Time

23 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 4

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.4 °F

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

Yes ☐

No ☒

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

PC Time Stamp

23 AUG 2020 21:18

PC Open Date & Time

23 AUG 2020 12:00

PC Close Date & Time

24 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 5

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.8 °F

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

Yes ☐

No ☒

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

PC Time Stamp

24 AUG 2020 21:15

PC Open Date & Time

24 AUG 2020 12:00

PC Close Date & Time

25 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

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

99.3 °F

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

Yes ☐

No ☒

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

PC Time Stamp

26 AUG 2020 00:10

PC Open Date & Time

25 AUG 2020 12:00

PC Close Date & Time

26 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 7

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.7 °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

27 AUG 2020 00:01

PC Open Date & Time

26 AUG 2020 12:00

PC Close Date & Time

27 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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 16:46

PC Open Date & Time

20 AUG 2020 16:26

PC Close Date & Time

20 AUG 2020 18:56

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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 22:35

PC Open Date & Time

20 AUG 2020 19:51

PC Close Date & Time

21 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

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 23:20

PC Open Date & Time

21 AUG 2020 12:00

PC Close Date & Time

22 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

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 20:50

PC Open Date & Time

22 AUG 2020 12:00

PC Close Date & Time

23 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

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 21:19

PC Open Date & Time

23 AUG 2020 12:00

PC Close Date & Time

24 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

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 21:16

PC Open Date & Time

24 AUG 2020 12:00

PC Close Date & Time

25 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

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

26 AUG 2020 00:11

PC Open Date & Time

25 AUG 2020 12:00

PC Close Date & Time

26 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

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

27 AUG 2020 00:02

PC Open Date & Time

26 AUG 2020 12:00

PC Close Date & Time

27 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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

No ☒

Yes ☐

PC Time stamp	20 AUG 2020 16:46
PC Open Date & Time	20 AUG 2020 16:26
PC Close Date & Time	20 AUG 2020 18:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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

No ☒

Yes ☐

PC Time stamp	20 AUG 2020 22:34
PC Open Date & Time	20 AUG 2020 19:51
PC Close Date & Time	21 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

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 ☒

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

Yes <input type="checkbox"/>	
PC Time stamp	21 AUG 2020 23:20
PC Open Date & Time	21 AUG 2020 12:00
PC Close Date & Time	22 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

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 ☒

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

Yes <input type="checkbox"/>	
PC Time stamp	22 AUG 2020 20:51
PC Open Date & Time	22 AUG 2020 12:00
PC Close Date & Time	23 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

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 ☒

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

Yes <input type="checkbox"/>	
PC Time stamp	23 AUG 2020 21:20
PC Open Date & Time	23 AUG 2020 12:00
PC Close Date & Time	24 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

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 ☒

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

Yes <input type="checkbox"/>	
PC Time stamp	24 AUG 2020 21:17
PC Open Date & Time	24 AUG 2020 12:00
PC Close Date & Time	25 AUG 2020 11:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

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 ☒

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

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 ☒

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

Yes <input type="checkbox"/>	
PC Time stamp	27 AUG 2020 00:02
PC Open Date & Time	26 AUG 2020 12:00
PC Close Date & Time	27 AUG 2020 11:59

US3312201

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

Was Contact Attempted?

Yes ☒

No ☐

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

27 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3312201

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

Was Contact Attempted?

Yes ☒

No ☐

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

3 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3312201

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

Was Contact Attempted?

Yes ☒

No ☐

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

10 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3312201

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	17 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

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

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)	17 SEP 2020
Time of assessment (00:00-23:59)	14:29 (24 HR)
Vital Signs Date and Time (derived)	17 SEP 2020 14:29
Temperature (xxx.x)	98.2 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	98 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)	91 mmHg
Diastolic Blood Pressure units	MMHG

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

17 SEP 2020

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

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

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? _____

US3312201

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	17 SEP 2020
Collection time (<i>00:00-23:59</i>)	14:56 (24 HR)
Collection date and time (derived)	17 SEP 2020 14:56

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:53:27

Collection date (<i>dd MMM yyyy</i>)			17 SEP 2020
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	14:50	17 SEP 2020 14:50
Nasopharyngeal Swab 2	No		

US3312201

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

Was Contact Attempted?

Yes ☒

No ☐

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

24 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3312201

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	28 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

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	28 OCT 2020
Time of assessment (<i>00:00-23:59</i>)	11:51 (24 HR)
Vital Signs Date and Time (derived)	28 OCT 2020 11:51
Temperature (<i>xxx.x</i>)	98.7 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	93 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	175 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	109 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3312201

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

28 OCT 2020

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

US3312201

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	28 OCT 2020
Collection time (<i>00:00-23:59</i>)	12:39 (24 HR)
Collection date and time (derived)	28 OCT 2020 12:39

US3312201

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 64
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <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	23 OCT 2020 14:45:04
Patient Cloud Open Date & Time	20 OCT 2020 00:01
Patient Cloud Close Date & Time	24 OCT 2020 23:59

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

27 OCT 2020 09:24:22

Patient Cloud Open Date & Time

27 OCT 2020 00:01

Patient Cloud Close Date & Time

31 OCT 2020 23:59

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 78

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

05 NOV 2020 20:33:39

Patient Cloud Open Date & Time

03 NOV 2020 00:01

Patient Cloud Close Date & Time

07 NOV 2020 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

[Patient Cloud Close Date & Time](#)

21 OCT 2020 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

[Patient Cloud Close Date & Time](#)

04 NOV 2020 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 89
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

[Patient Cloud Close Date & Time](#)

18 NOV 2020 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 96
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

[Patient Cloud Close Date & Time](#)

25 NOV 2020 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

[Patient Cloud Close Date & Time](#)

02 DEC 2020 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 131
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

20 JAN 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

17 FEB 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

24 FEB 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

07 APR 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 APR 2021 00:01
Patient Cloud Close Date & Time	14 APR 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 250
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

19 MAY 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

26 MAY 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

02 JUN 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 299

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 327

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

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

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

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

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

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

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

11 AUG 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

[Patient Cloud Close Date & Time](#)

18 AUG 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 SEP 2021 00:01
Patient Cloud Close Date & Time	15 SEP 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

13 OCT 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 446
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

17 NOV 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 460
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

24 NOV 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

29 DEC 2021 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

16 FEB 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

23 FEB 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

02 MAR 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

30 MAR 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

06 APR 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 APR 2022 00:01

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13 APR 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

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16 APR 2022 00:01

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20 APR 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 614
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

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23 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

27 APR 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

11 MAY 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

18 MAY 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

25 MAY 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

01 JUN 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 JUN 2022 00:01

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08 JUN 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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22 JUN 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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29 JUN 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

06 JUL 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

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03 AUG 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT	DAY 719
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 726

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

17 AUG 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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="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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

24 AUG 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

31 AUG 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 SEP 2022 00:01

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21 SEP 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

28 SEP 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 ☐

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

05 OCT 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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 <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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

DAY 789

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

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

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

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

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

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

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

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

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

19 OCT 2022 23:59

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

Was Contact Attempted?

Yes ☒

No ☐

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

12 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3312201

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3312201

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

US3312201

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3312201

Folder: Covid-19 Assessment (1)

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:53:27

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"/>

US3312201

Folder: Covid-19 Assessment (1)

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:53:27

Generate Next COVID-19 Assessment

Yes ☐

No ☐

US3312201

Folder: **Unscheduled 17 Sep 2020**

Form: **Unscheduled Visit Assessment**

Generated On: **26 Nov 2020 10:53:27**

Visit Date	17 SEP 2020
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Please check all assessments that apply for this visit

Physical Exam	False
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Vital Signs	True
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Immunogenicity Assessment	False
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Pregnancy Test	False
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US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	17 SEP 2020
Time of assessment (<i>00:00-23:59</i>)	14:33 (24 HR)
Vital Signs Date and Time (derived)	17 SEP 2020 14:33
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral <input checked="" 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>)	142 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	91 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3312201

Folder: **Unscheduled 20 Aug 2020**

Form: **Unscheduled Visit Assessment**

Generated On: **26 Nov 2020 10:53:27**

Visit Date	20 AUG 2020
Please check all assessments that apply for this visit	
Physical Exam	False
Vital Signs	True
Immunogenicity Assessment	False
Pregnancy Test	False

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

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>)	17:00 (24 HR)
Vital Signs Date and Time (derived)	20 AUG 2020 17:00
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	93 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	ND - Not Done
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	143 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	97 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3312201

Folder: **Unscheduled 28 Oct 2020**

Form: **Unscheduled Visit Assessment**

Generated On: **26 Nov 2020 10:53:27**

Visit Date	28 OCT 2020
Please check all assessments that apply for this visit	
Physical Exam	False
Vital Signs	True
Immunogenicity Assessment	False
Pregnancy Test	False

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	28 OCT 2020
Time of assessment (<i>00:00-23:59</i>)	12:07 (24 HR)
Vital Signs Date and Time (derived)	28 OCT 2020 12:07
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>)	174 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	115 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3312201

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:53:27

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

AEID	
Adverse event	DIVERTICULITIS
Was this a medically-attended AE?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was this a Solicited Adverse Reaction?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Start date (dd MMM yyyy)	24 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)	09 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 type="radio"/> Grade 3/Severe <input checked="" 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
v6.020 DTW (1102)	312 of 1482

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Relationship to Study Procedure	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Action taken with investigational product	None <input type="radio"/> Dose Delayed <input type="radio"/> Investigational Product <input checked="" type="radio"/> Withdrawn <input type="radio"/> Not Applicable <input type="radio"/>
Other action taken (check all that apply)	
None	False
Concomitant Medication	True
Concomitant Procedure	False
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input type="radio"/> Recovered/Resolved <input checked="" type="radio"/> Recovered/Resolved with Sequelae <input type="radio"/> Recovering/Resolving <input type="radio"/> Unknown <input type="radio"/>
If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:	
Narrative	
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

AEID	
Adverse event	COLONIC POLYP
Was this a medically-attended AE?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was this a Solicited Adverse Reaction?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Start date (dd MMM yyyy)	09 OCT 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)	09 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

v6.020 DTW (1102)

314 of 1482

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

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	False
Concomitant Medication	False
Concomitant Procedure	True
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)	1
Admitted to ICU Derived (CSA Programming Field Only) _____	

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

AEID	
Adverse event	ELEVATED SYSTOLIC BLOOD PRESSURE
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)	28 OCT 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input checked="" type="radio"/> No <input type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild <input type="radio"/> Grade 2/Moderate <input type="radio"/> Grade 3/Severe <input checked="" type="radio"/> Grade 4 <input type="radio"/>
Is the adverse event serious?	Yes <input type="radio"/> No <input checked="" type="radio"/>
AE is serious due To (check all that apply)	
Death	False
Life threatening	False
Requires inpatient or prolongation of existing Hospitalization	False
Hospital Admission Date (dd MMM yyyy)	
Hospital Discharge Date (dd MMM yyyy)	
Admitted to ICU?	Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>
Number of Days in ICU	
v6.020 DTW (1102)	
316 of 1482	

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Relationship to Study Procedure	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Action taken with investigational product	None <input checked="" type="radio"/> Dose Delayed <input type="radio"/> Investigational Product <input type="radio"/> 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 checked="" type="radio"/> Recovered/Resolved <input 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)	

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

AEID	
Adverse event	ELEVATED DIASTOLIC BLOOD PRESSURE
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)	28 OCT 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input checked="" type="radio"/> No <input type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild <input type="radio"/> Grade 2/Moderate <input type="radio"/> Grade 3/Severe <input checked="" 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	

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Relationship to Study Procedure	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Action taken with investigational product	None <input checked="" type="radio"/> Dose Delayed <input type="radio"/> Investigational Product <input type="radio"/> 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 checked="" type="radio"/> Recovered/Resolved <input 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)	

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:53:27

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

Yes ☒

No ☐

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

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

Name of Medication	HYDROCODONE
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	L2-L5 HERNIATED DISC
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 checked="" 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"/>

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

	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 2010	
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)	2	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

Name of Medication	OXYCODONE
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	L2-L5 HERNIATED LUMBAR DISC
Dose per administration	10
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 checked="" 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"/>

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

	Intramuscular	<input type="radio"/>
	Respiratory (Inhalation)	<input type="radio"/>
	Intralesional	<input type="radio"/>
	Intraperitoneal	<input type="radio"/>
	Nasal	<input type="radio"/>
	Vaginal	<input type="radio"/>
	Rectal	<input type="radio"/>
	Intravenous	<input type="radio"/>
	Intravenous Bolus	<input type="radio"/>
	Intravenous Drip	<input type="radio"/>
	Other	<input type="radio"/>
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)	UN MAR 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)	3	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

Name of Medication	CIPROFLOXACIN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	DIVERTICULLITIS
Dose per administration	500
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 checked="" 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"/>

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

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)	28 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)	06 SEP 2020
Was this medication taken for solicited event?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Separate Dosage Number (derived)	2
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802 <input type="checkbox"/> 803 <input type="checkbox"/> 804 <input checked="" type="checkbox"/>

US3312201

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:53:27

Were any concomitant procedures performed?

Yes ☒

No ☐

If yes, please complete Concomitant Procedures form.

US3312201

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures

Generated On: 26 Nov 2020 10:53:27

Procedure/Surgery date (<i>dd MMM</i> <i>yyyy</i>)	Procedure/Surgery	Indication	If indication is Other, specify
9 OCT 2020	POLYPECTOMY	Adverse Event	

US3312201

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:53:27

Date of dosing discontinuation (dd MMM yyyy)

17 SEP 2020

Primary reason for dosing discontinuation

AE (specify) ☒

SAE (specify) ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by
participant (specify) ☐

Due to SARS-COV-2 ☐

Other ☐

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

AE#1

US3312201

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 10:53:27

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

US3312201 (Prod: Johnson County Clin-Trials)

US3312201

Form: Participant Creation

Generated On: 26 Nov 2020 10:53:27

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3312201'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	20 Aug 2020 19:49:25

US3312201

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:19

US3312201

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '20 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	20 Aug 2020 19:49:26

US3312201

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:19

US3312201

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	20 Aug 2020 21:14:19

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
User entered (b) (6) 1954'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	20 Aug 2020 19:49:27

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Age](#)

Audit	User	Time (GMT)
User closed query ' Per DMR: Since the Inclusion/exclusion Criteria Summary form has been updated, kindly consider to complete the demographics form . ' (Site from DM).	(b) (4), (b) (6)	31 Aug 2020 19:24:53
Query ' Per DMR: Since the Inclusion/exclusion Criteria Summary form has been updated, kindly consider to complete the demographics form . ' answered with 'UPDATED' (Site from DM).	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:25
User entered '65'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21
User opened query ' Per DMR: Since the Inclusion/exclusion Criteria Summary form has been updated, kindly consider to complete the demographics form . ' (Site from DM).	(b) (4), (b) (6)	27 Aug 2020 06:34:44

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '65'	System	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Sex](#)

Audit	User	Time (GMT)
User entered 'Male (M)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[White](#)

Audit	User	Time (GMT)
User entered '1'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Black](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

If race is Other, specify

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:53:27

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:21

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Aug 2020'	System	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2020'	System	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

[Protocol Version](#)

Audit	User	Time (GMT)
User entered 'Amendment 2 (2)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

If No, indicate reason for screen fail

Audit	User	Time (GMT)
User entered empty.	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:33

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	20 Aug 2020 19:49:26

US3312201

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:53:27

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered '1'	System	20 Aug 2020 21:14:43

US3312201

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:53:27

Did the participant meet all eligibility criteria?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:43

US3312201

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:53:27

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:32

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Injury, poisoning and procedural complications, HLGT: Bone and joint injuries, HLT: Spinal fractures and dislocations, PT: Cervical vertebral fracture, LLT: Cervical vertebral fracture - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	28 Aug 2020 09:02:41
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	28 Aug 2020 09:02:41
Data point term sent to Coder	System	27 Aug 2020 16:35:45
User entered 'CERVICAL FRACTURE'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2001'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Karol Moore (b) (4)	27 Aug 2020 16:35:23
User entered 'Yes (Y)'	Karol Moore (b) (4)	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2001' reason for change:	Karol Moore (b) (4)	27 Aug 2020 16:35:23
Data Entry Error	(b) (4)	
User entered empty.	Karol Moore (b) (4)	27 Aug 2020 16:34:46
	(b) (4)	

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2001'	System	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	27 Aug 2020 16:35:23
User entered empty.	System	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2001'	System	27 Aug 2020 16:35:23
User entered empty.	System	27 Aug 2020 16:34:46

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLG: Nervous system, skull and spine therapeutic procedures, HLT: Spine and spinal cord therapeutic procedures, PT: Spinal fusion surgery, LLT: Fusion cervical spine - version MedDRA\\23.0.	Coder Import (b) (4)	27 Aug 2020 19:37:00
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	27 Aug 2020 19:37:00
Data point term sent to Coder	System	27 Aug 2020 16:35:45
User entered 'CERVICAL FUSION'	Karol Moore (b) (4)	27 Aug 2020 16:35:12
	(b) (4)	

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2001'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2001'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2001'	System	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2001'	System	27 Aug 2020 16:35:12

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

[Condition](#)

Audit	User	Time (GMT)
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: Lumbar disc herniation - version MedDRA\\23.0.	Coder Import (b) (4)	28 Aug 2020 10:01:35
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4)	28 Aug 2020 10:01:35
Data point term sent to Coder	System	27 Aug 2020 16:36:47
User entered 'HERNIATED L2, L3, L4, L5 DISC'	Karol Moore (b) (4)	27 Aug 2020 16:35:47
	(b) (4)	

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2010'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2013'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2010'	System	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2010'	System	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2013'	System	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2013'	System	27 Aug 2020 16:35:47

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLG: Nervous system, skull and spine therapeutic procedures, HLT: Spine and spinal cord therapeutic procedures, PT: Spinal fusion surgery, LLT: Fusion lumbar spine - version MedDRA\\23.0.	Coder Import (b) (4)	08 Sep 2020 22:35:53
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4)	08 Sep 2020 22:35:53
Data point term sent to Coder	System	27 Aug 2020 16:36:47
User entered 'LUMBAR FUSION L2-L5'	Karol Moore (b) (4)	27 Aug 2020 16:36:04
	(b) (4)	

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2013'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2013'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2013'	System	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2013'	System	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2013'	System	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2013'	System	27 Aug 2020 16:36:04

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Musculoskeletal and connective tissue disorders, HLGT: Musculoskeletal and connective tissue disorders NEC, HLT: Musculoskeletal and connective tissue pain and discomfort, PT: Back pain, LLT: Back pain - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	31 Aug 2020 21:03:49
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	31 Aug 2020 21:03:49
Data point term sent to Coder	System	31 Aug 2020 21:02:21
User entered 'BACK PAIN'	Monica Atwood (b) (4) (b) (4)	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2010'	Monica Atwood (b) (4) (b) (4)	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Jan 2010'	System	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2010'	System	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	System	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	System	31 Aug 2020 21:02:06

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Gastrointestinal disorders, HLGT: Gastrointestinal signs and symptoms, HLT: Gastrointestinal and abdominal pains (excl oral and throat), PT: Abdominal pain, LLT: Abdominal pain - version MedDRA\\23.0.	Coder Import (b) (4)	04 Nov 2020 21:26:51
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	04 Nov 2020 21:26:51
Data point term sent to Coder	System	02 Nov 2020 16:16:46
User entered 'INTERMITTENT ABDOMINAL PAIN'	Monica Atwood (b) (4)	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN May 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'May 2020'	System	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '2020'	System	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:16:36

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '15:09'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 15:09'	System	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
User entered '72' in	Karol Moore (b) (4)	27 Aug 2020 16:36:33
DataPoint set to visible.	(b) (4) System	20 Aug 2020 21:14:43

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Weight \(.xxx.x\)](#)

Audit	User	Time (GMT)
User entered '226' lb	Karol Moore (b) (4)	27 Aug 2020 16:36:33
DataPoint set to visible.	(b) (4) System	20 Aug 2020 21:14:43

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[BMI \(xxx.x\)](#)

Audit	User	Time (GMT)
Amendment Manager: User entered '30.71520'	System	17 Sep 2020 00:16:57
User entered '30.7'	System	27 Aug 2020 16:36:33
DataPoint set to visible.	System	20 Aug 2020 21:14:43

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	27 Aug 2020 16:36:33
DataPoint set to visible.	System	20 Aug 2020 21:14:43

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:36:33

US3312201

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:40

US3312201

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:36:40

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

[Warehouse shipping and fulfillment centers and jobs \(e.g., Amazon facilities\)](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

[Transportation and delivery services](#) (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

[Other](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

[Resides in Nursing Home or Assisted Living Facility](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

[Other](#)

Audit	User	Time (GMT)
User entered 'I'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:53:27

[Specify](#)

Audit	User	Time (GMT)
User entered 'RESIDES IN COMMUNITY WITH ONGOING PERSON TO PERSON TRANSMISSION'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:37:08

US3312201

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:54

US3312201

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:54

US3312201

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:14:54

US3312201

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	20 Aug 2020 21:14:54

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

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 20:49:37

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

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 06:01:19
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 06:01:19
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	20 Aug 2020 20:49:37
User entered '187335' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	20 Aug 2020 20:49:37

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

[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 20:49:37

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

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)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:05

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)

Audit	User	Time (GMT)
User entered 'No (N)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:05

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'No (N)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:05

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
User entered 'No (N)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:05

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:05

US3312201

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:53:27

[Human Immunodeficiency Virus \(HIV\) infection](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Heather Barker (b) (4)	30 Oct 2020 17:59:19
Amendment Manager: DataPoint set to visible.	(b) (4)	19 Sep 2020 10:37:28
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 01:50:54

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:27

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:27

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:27

Height

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:27

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '15:09'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 15:09'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98' F	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Pulse (xxx)

Audit	User	Time (GMT)
User entered '87'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '12'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '129'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '82'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:27

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:53:27

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '16:42'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 16:42'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.9' F	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Pulse (xxx)

Audit	User	Time (GMT)
User entered '93'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '148'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Diastolic Blood Pressure reported is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).	(b) (4), (b) (6)	31 Aug 2020 17:41:53
Query 'Diastolic Blood Pressure reported is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' answered with 'CORRECT AS ENTERED. NCS. SEE UNSCHEDULED REPEAT VITALS' (Site from System).	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:44
User opened query 'Diastolic Blood Pressure reported System is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).		27 Aug 2020 16:38:11
User entered '101'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:38:11

US3312201

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:50

US3312201

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:38:50

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '16:06'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 16:06'	System	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Christa Estrada (b) (4) (b) (4)	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
User entered 'ONCE'	System	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	20 Aug 2020 21:15:38

US3312201

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:04

US3312201

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:04

US3312201

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '15:37'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:04

US3312201

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 15:37'	System	27 Aug 2020 16:39:04

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:53:27

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '15:30'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 15:30'	System	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	27 Aug 2020 16:39:15

US3312201

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	27 Aug 2020 16:39:26
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	27 Aug 2020 16:39:26
User entered 'Yes (Y)' reason for change: Data Entry Error	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:26
User opened query 'Data is required. Please complete.' (Site from System).	System	27 Aug 2020 16:39:22
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:22

US3312201

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	27 Aug 2020 16:39:26
User entered empty.	System	27 Aug 2020 16:39:22

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:44:04', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c0e3bb40-cc0b-4c1f-a39d-bdb5758b98a0'	System	20 Aug 2020 21:45:15
User entered 'Yes (Y)'	System	20 Aug 2020 21:45:15

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:44:15', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c0e3bb40-cc0b-4c1f-a39d-bdb5758b98a0'	System	20 Aug 2020 21:45:15
User entered '97.9'	System	20 Aug 2020 21:45:15

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:45:03', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c0e3bb40-cc0b-4c1f-a39d-bdb5758b98a0'	System	20 Aug 2020 21:45:15
User entered 'No (N)'	System	20 Aug 2020 21:45:15

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:45:11', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c0e3bb40-cc0b-4c1f-a39d-bdb5758b98a0'	System	20 Aug 2020 21:45:15
User entered '20 Aug 2020 16:45'	System	20 Aug 2020 21:45:15

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 16:26'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 18:56'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 1, after vaccination (at home)'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:32:34', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '48b6ea44-1aa8-4aa2-aea8-543c5c65e625'	System	21 Aug 2020 03:33:08
User entered 'Yes (Y)'	System	21 Aug 2020 03:33:08

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:32:45', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '48b6ea44-1aa8-4aa2-aea8-543c5c65e625'	System	21 Aug 2020 03:33:08
User entered '98.2'	System	21 Aug 2020 03:33:08

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:32:52', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '48b6ea44-1aa8-4aa2-aea8-543c5c65e625'	System	21 Aug 2020 03:33:08
User entered 'No (N)'	System	21 Aug 2020 03:33:08

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:33:05', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '48b6ea44-1aa8-4aa2-aea8-543c5c65e625'	System	21 Aug 2020 03:33:08
User entered '20 Aug 2020 22:33'	System	21 Aug 2020 03:33:08

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 19:51'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 2'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:19:16', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'df3bc2e6-523c-4fb5-8817-ed37d9dbad02'	System	22 Aug 2020 04:19:48
User entered 'Yes (Y)'	System	22 Aug 2020 04:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:19:26', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'df3bc2e6-523c-4fb5-8817-ed37d9dbad02'	System	22 Aug 2020 04:19:48
User entered '97.0'	System	22 Aug 2020 04:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:19:31', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'df3bc2e6-523c-4fb5-8817-ed37d9dbad02'	System	22 Aug 2020 04:19:48
User entered 'No (N)'	System	22 Aug 2020 04:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:19:43', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'df3bc2e6-523c-4fb5-8817-ed37d9dbad02'	System	22 Aug 2020 04:19:48
User entered '21 Aug 2020 23:19'	System	22 Aug 2020 04:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 3'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:49:38', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cf2000af-06ed-4894-9bd0-02292326d4b0'	System	23 Aug 2020 01:50:06
User entered 'Yes (Y)'	System	23 Aug 2020 01:50:06

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:49:48', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cf2000af-06ed-4894-9bd0-02292326d4b0'	System	23 Aug 2020 01:50:06
User entered '97.5'	System	23 Aug 2020 01:50:06

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:49:52', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cf2000af-06ed-4894-9bd0-02292326d4b0'	System	23 Aug 2020 01:50:06
User entered 'No (N)'	System	23 Aug 2020 01:50:06

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:00', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cf2000af-06ed-4894-9bd0-02292326d4b0'	System	23 Aug 2020 01:50:06
User entered '22 Aug 2020 20:50'	System	23 Aug 2020 01:50:06

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 4'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:18:38', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '393d23e0-fc63-4e93-96df-400d12a343e3'	System	24 Aug 2020 02:19:01
User entered 'Yes (Y)'	System	24 Aug 2020 02:19:01

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:18:48', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '393d23e0-fc63-4e93-96df-400d12a343e3'	System	24 Aug 2020 02:19:01
User entered '98.4'	System	24 Aug 2020 02:19:01

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:18:52', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '393d23e0-fc63-4e93-96df-400d12a343e3'	System	24 Aug 2020 02:19:01
User entered 'No (N)'	System	24 Aug 2020 02:19:01

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:18:58', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '393d23e0-fc63-4e93-96df-400d12a343e3'	System	24 Aug 2020 02:19:01
User entered '23 Aug 2020 21:18'	System	24 Aug 2020 02:19:01

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 5'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:15:40', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f413a84-5412-49f0-8c2b-470558c7ced4'	System	25 Aug 2020 02:16:07
User entered 'Yes (Y)'	System	25 Aug 2020 02:16:07

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:15:48', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f413a84-5412-49f0-8c2b-470558c7ced4'	System	25 Aug 2020 02:16:07
User entered '97.8'	System	25 Aug 2020 02:16:07

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:15:52', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f413a84-5412-49f0-8c2b-470558c7ced4'	System	25 Aug 2020 02:16:07
User entered 'No (N)'	System	25 Aug 2020 02:16:07

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:15:59', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f413a84-5412-49f0-8c2b-470558c7ced4'	System	25 Aug 2020 02:16:07
User entered '24 Aug 2020 21:15'	System	25 Aug 2020 02:16:07

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 6'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:10:26', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '2124ca91-4481-40a2-9fc3-87e111b286cc'	System	26 Aug 2020 05:10:44
User entered 'Yes (Y)'	System	26 Aug 2020 05:10:44

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:10:31', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '2124ca91-4481-40a2-9fc3-87e111b286cc'	System	26 Aug 2020 05:10:44
User entered '99.3'	System	26 Aug 2020 05:10:44

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:10:34', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '2124ca91-4481-40a2-9fc3-87e111b286cc'	System	26 Aug 2020 05:10:44
User entered 'No (N)'	System	26 Aug 2020 05:10:44

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:10:41', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '2124ca91-4481-40a2-9fc3-87e111b286cc'	System	26 Aug 2020 05:10:44
User entered '26 Aug 2020 00:10'	System	26 Aug 2020 05:10:44

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 7'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:01:17', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '5b134f78-4855-4f32-9356-c9505482e3ed'	System	27 Aug 2020 05:02:03
User entered 'Yes (Y)'	System	27 Aug 2020 05:02:03

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:01:50', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '5b134f78-4855-4f32-9356-c9505482e3ed' User entered '97.7'	System	27 Aug 2020 05:02:03

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:01:53', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '5b134f78-4855-4f32-9356-c9505482e3ed'	System	27 Aug 2020 05:02:03
User entered 'No (N)'	System	27 Aug 2020 05:02:03

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:01:58', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '5b134f78-4855-4f32-9356-c9505482e3ed'	System	27 Aug 2020 05:02:03
User entered '27 Aug 2020 00:01'	System	27 Aug 2020 05:02:03

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-20T16:45:33', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '8a5bf213-e331-415f-9098-31c4b6542326'	System	20 Aug 2020 21:46:06
User entered 'None (1)'	System	20 Aug 2020 21:46:06

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:45:37', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '8a5bf213-e331-415f-9098-31c4b6542326'	System	20 Aug 2020 21:46:06
User entered 'No (N)'	System	20 Aug 2020 21:46:06

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:45:42', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '8a5bf213-e331-415f-9098-31c4b6542326'	System	20 Aug 2020 21:46:06
User entered 'No (N)'	System	20 Aug 2020 21:46:06

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-20T16:45:52', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '8a5bf213-e331-415f-9098-31c4b6542326'	System	20 Aug 2020 21:46:06
User entered 'None (1)'	System	20 Aug 2020 21:46:06

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:03', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '8a5bf213-e331-415f-9098-31c4b6542326'	System	20 Aug 2020 21:46:06
User entered '20 Aug 2020 16:46'	System	20 Aug 2020 21:46:06

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 16:26'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 18:56'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 1, after vaccination (at home)'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-20T22:35:01', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b0db2609-95bf-4f62-887c-127ff274b4e0'	System	21 Aug 2020 03:35:23
User entered 'None (1)'	System	21 Aug 2020 03:35:23

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:35:04', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b0db2609-95bf-4f62-887c-127ff274b4e0'	System	21 Aug 2020 03:35:23
User entered 'No (N)'	System	21 Aug 2020 03:35:23

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:35:07', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b0db2609-95bf-4f62-887c-127ff274b4e0'	System	21 Aug 2020 03:35:23
User entered 'No (N)'	System	21 Aug 2020 03:35:23

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-20T22:35:11', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b0db2609-95bf-4f62-887c-127ff274b4e0'	System	21 Aug 2020 03:35:23
User entered 'None (1)'	System	21 Aug 2020 03:35:23

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:35:21', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b0db2609-95bf-4f62-887c-127ff274b4e0'	System	21 Aug 2020 03:35:23
User entered '20 Aug 2020 22:35'	System	21 Aug 2020 03:35:23

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 19:51'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 2'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-21T23:19:51', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'fa615aca-cfe8-4372-b2cd-b69b92145fad'	System	22 Aug 2020 04:20:16
User entered 'None (1)'	System	22 Aug 2020 04:20:16

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:19:54', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'fa615aca-cfe8-4372-b2cd-b69b92145fad'	System	22 Aug 2020 04:20:16
User entered 'No (N)'	System	22 Aug 2020 04:20:16

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:19:58', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'fa615aca-cfe8-4372-b2cd-b69b92145fad'	System	22 Aug 2020 04:20:16
User entered 'No (N)'	System	22 Aug 2020 04:20:16

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:03', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'fa615aca-cfe8-4372-b2cd-b69b92145fad'	System	22 Aug 2020 04:20:16
User entered 'None (1)'	System	22 Aug 2020 04:20:16

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:13', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'fa615aca-cfe8-4372-b2cd-b69b92145fad'	System	22 Aug 2020 04:20:16
User entered '21 Aug 2020 23:20'	System	22 Aug 2020 04:20:16

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 3'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:07', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '703afaab-4505-45ae-a6c5-d1f22924bc72'	System	23 Aug 2020 01:50:44
User entered 'None (1)'	System	23 Aug 2020 01:50:44

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:11', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '703afaab-4505-45ae-a6c5-d1f22924bc72'	System	23 Aug 2020 01:50:44
User entered 'No (N)'	System	23 Aug 2020 01:50:44

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:17', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '703afaab-4505-45ae-a6c5-d1f22924bc72'	System	23 Aug 2020 01:50:44
User entered 'No (N)'	System	23 Aug 2020 01:50:44

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:29', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '703afaab-4505-45ae-a6c5-d1f22924bc72'	System	23 Aug 2020 01:50:44
User entered 'None (1)'	System	23 Aug 2020 01:50:44

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:40', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '703afaab-4505-45ae-a6c5-d1f22924bc72'	System	23 Aug 2020 01:50:44
User entered '22 Aug 2020 20:50'	System	23 Aug 2020 01:50:44

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 4'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:37', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ef5ca3da-e8c9-4473-ba75-e97bca4c884d'	System	24 Aug 2020 02:19:48
User entered 'None (1)'	System	24 Aug 2020 02:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:18', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ef5ca3da-e8c9-4473-ba75-e97bca4c884d'	System	24 Aug 2020 02:19:48
User entered 'No (N)'	System	24 Aug 2020 02:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:22', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ef5ca3da-e8c9-4473-ba75-e97bca4c884d'	System	24 Aug 2020 02:19:48
User entered 'No (N)'	System	24 Aug 2020 02:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:29', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ef5ca3da-e8c9-4473-ba75-e97bca4c884d'	System	24 Aug 2020 02:19:48
User entered 'None (1)'	System	24 Aug 2020 02:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:45', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ef5ca3da-e8c9-4473-ba75-e97bca4c884d'	System	24 Aug 2020 02:19:48
User entered '23 Aug 2020 21:19'	System	24 Aug 2020 02:19:48

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 5'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:04', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c34b95f9-4a82-47d2-9b5e-a0291ae9e774'	System	25 Aug 2020 02:16:32
User entered 'None (1)'	System	25 Aug 2020 02:16:32

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:08', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c34b95f9-4a82-47d2-9b5e-a0291ae9e774'	System	25 Aug 2020 02:16:32
User entered 'No (N)'	System	25 Aug 2020 02:16:32

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:13', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c34b95f9-4a82-47d2-9b5e-a0291ae9e774'	System	25 Aug 2020 02:16:32
User entered 'No (N)'	System	25 Aug 2020 02:16:32

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:19', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c34b95f9-4a82-47d2-9b5e-a0291ae9e774'	System	25 Aug 2020 02:16:32
User entered 'None (1)'	System	25 Aug 2020 02:16:32

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:27', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'c34b95f9-4a82-47d2-9b5e-a0291ae9e774'	System	25 Aug 2020 02:16:32
User entered '24 Aug 2020 21:16'	System	25 Aug 2020 02:16:32

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 6'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-26T00:10:49', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ac3fc53b-7edb-4014-bd87-4e7fadc41ee9'	System	26 Aug 2020 05:11:17
User entered 'None (1)'	System	26 Aug 2020 05:11:17

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:00', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ac3fc53b-7edb-4014-bd87-4e7fadc41ee9'	System	26 Aug 2020 05:11:17
User entered 'No (N)'	System	26 Aug 2020 05:11:17

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:06', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ac3fc53b-7edb-4014-bd87-4e7fadc41ee9'	System	26 Aug 2020 05:11:17
User entered 'No (N)'	System	26 Aug 2020 05:11:17

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:09', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ac3fc53b-7edb-4014-bd87-4e7fadc41ee9'	System	26 Aug 2020 05:11:17
User entered 'None (1)'	System	26 Aug 2020 05:11:17

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:14', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'ac3fc53b-7edb-4014-bd87-4e7fadc41ee9'	System	26 Aug 2020 05:11:17
User entered '26 Aug 2020 00:11'	System	26 Aug 2020 05:11:17

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 7'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:03', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b5a23ebc-d0a1-42e3-a8d6-faf2386a3a49'	System	27 Aug 2020 05:02:27
User entered 'None (1)'	System	27 Aug 2020 05:02:27

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:07', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b5a23ebc-d0a1-42e3-a8d6-faf2386a3a49'	System	27 Aug 2020 05:02:27
User entered 'No (N)'	System	27 Aug 2020 05:02:27

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:11', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b5a23ebc-d0a1-42e3-a8d6-faf2386a3a49'	System	27 Aug 2020 05:02:27
User entered 'No (N)'	System	27 Aug 2020 05:02:27

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:19', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b5a23ebc-d0a1-42e3-a8d6-faf2386a3a49'	System	27 Aug 2020 05:02:27
User entered 'None (1)'	System	27 Aug 2020 05:02:27

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:24', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b5a23ebc-d0a1-42e3-a8d6-faf2386a3a49'	System	27 Aug 2020 05:02:27
User entered '27 Aug 2020 00:02'	System	27 Aug 2020 05:02:27

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:22', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered 'None (0)'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:27', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered 'None (0)'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:30', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered 'None (0)'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:34', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered 'None (0)'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:37', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered 'None (0)'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:40', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered 'None (0)'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:47', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered 'No (N)'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T16:46:56', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '3f39b061-74ec-4984-b004-654cec7f1f1d'	System	20 Aug 2020 21:46:59
User entered '20 Aug 2020 16:46'	System	20 Aug 2020 21:46:59

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 16:26'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 18:56'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 1, after vaccination (at home)'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:34:30', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered 'None (0)'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:33:55', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered 'None (0)'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:34:01', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered 'None (0)'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:34:06', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered 'None (0)'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:34:09', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered 'None (0)'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:34:12', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered 'None (0)'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-20T22:34:16', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered 'No (N)'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-20T22:34:43', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'cc4dfa2a-651c-4e0f-a27c-d1a84acdf4a4'	System	21 Aug 2020 03:34:47
User entered '20 Aug 2020 22:34'	System	21 Aug 2020 03:34:47

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 19:51'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 2'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:19', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered 'None (0)'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:24', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered 'None (0)'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:27', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered 'None (0)'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:31', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered 'None (0)'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:35', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered 'None (0)'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:40', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered 'None (0)'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:49', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered 'No (N)'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-21T23:20:59', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '982d6e7d-48ce-4c3f-b329-e7c4516e40fa'	System	22 Aug 2020 04:21:01
User entered '21 Aug 2020 23:20'	System	22 Aug 2020 04:21:01

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 3'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:46', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered 'None (0)'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:49', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered 'None (0)'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:52', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered 'None (0)'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:55', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered 'None (0)'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:50:59', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered 'None (0)'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:51:02', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered 'None (0)'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-22T20:51:05', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered 'No (N)'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-22T20:51:16', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '260f71d6-891e-4e51-87c7-208f3804e594'	System	23 Aug 2020 01:51:18
User entered '22 Aug 2020 20:51'	System	23 Aug 2020 01:51:18

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 4'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:49', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered 'None (0)'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:52', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered 'None (0)'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:55', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered 'None (0)'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:19:58', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered 'None (0)'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:20:00', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered 'None (0)'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:20:03', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered 'None (0)'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-23T21:20:06', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered 'No (N)'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-23T21:20:13', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'b43326a5-bc74-439e-8671-c41b8e20d5f8'	System	24 Aug 2020 02:20:17
User entered '23 Aug 2020 21:20'	System	24 Aug 2020 02:20:17

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 5'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:32', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered 'None (0)'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:35', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered 'None (0)'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:38', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered 'None (0)'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:43', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered 'None (0)'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:46', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered 'None (0)'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:49', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered 'None (0)'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-24T21:16:57', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered 'No (N)'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-24T21:17:04', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: 'd1ff2934-7790-4db4-ace3-e296e266c2d7'	System	25 Aug 2020 02:17:06
User entered '24 Aug 2020 21:17'	System	25 Aug 2020 02:17:06

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 6'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:19', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered 'None (0)'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:24', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered 'None (0)'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:26', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered 'None (0)'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:30', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered 'None (0)'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:33', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered 'None (0)'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:38', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered 'None (0)'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:41', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered 'No (N)'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-26T00:11:47', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '36e6185c-2a1e-4bb5-91de-a264c8b7ac0f'	System	26 Aug 2020 05:11:51
User entered '26 Aug 2020 00:11'	System	26 Aug 2020 05:11:51

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 7'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:29', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered 'None (0)'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:32', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered 'None (0)'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:35', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered 'None (0)'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:38', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered 'None (0)'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:41', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered 'None (0)'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:44', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered 'None (0)'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

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 (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:47', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered 'No (N)'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-08-27T00:02:53', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '209824a2-0c28-4c11-a2ea-002dc493e1c0'	System	27 Aug 2020 05:02:56
User entered '27 Aug 2020 00:02'	System	27 Aug 2020 05:02:56

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	20 Aug 2020 21:15:38

US3312201

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:53:27

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	28 Aug 2020 17:56:01

US3312201

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '27 Aug 2020'	Karol Moore (b) (4) (b) (4)	28 Aug 2020 17:56:01

US3312201

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Karol Moore (b) (4) (b) (4)	28 Aug 2020 17:56:01

US3312201

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	28 Aug 2020 17:56:01

US3312201

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	28 Aug 2020 17:56:08

US3312201

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	28 Aug 2020 17:56:08

US3312201

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	04 Sep 2020 14:13:18

US3312201

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '3 Sep 2020'	Karol Moore (b) (4) (b) (4)	04 Sep 2020 14:13:18

US3312201

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Karol Moore (b) (4) (b) (4)	04 Sep 2020 14:13:18

US3312201

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	04 Sep 2020 14:13:18

US3312201

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	04 Sep 2020 14:13:22

US3312201

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	04 Sep 2020 14:13:22

US3312201

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	10 Sep 2020 20:54:47

US3312201

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '10 Sep 2020'	Karol Moore (b) (4) (b) (4)	10 Sep 2020 20:54:47

US3312201

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Karol Moore (b) (4) (b) (4)	10 Sep 2020 20:54:47

US3312201

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	10 Sep 2020 20:54:47

US3312201

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	10 Sep 2020 20:54:50

US3312201

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	10 Sep 2020 20:54:50

US3312201

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:15:22

US3312201

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:15:22

US3312201

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:15:22

US3312201

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	06 Oct 2020 18:15:22

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '14:29'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020 14:29'	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.2' F	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Pulse (xxx)

Audit	User	Time (GMT)
User entered '98'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '142'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '91'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:16:02

US3312201

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:14

US3312201

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:16:14

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

If No, reason not given

Audit	User	Time (GMT)
User entered 'Physician withheld dose due to Adverse Event (PHYSICIAN AE)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:53:27

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:18:53

US3312201

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:06

US3312201

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:06

US3312201

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '14:56'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:06

US3312201

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020 14:56'	System	06 Oct 2020 18:19:06

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:53:27

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '14:50'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:53:27

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020 14:50'	System	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:53:27

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:19:17

US3312201

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:20

US3312201

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	06 Oct 2020 18:19:20

US3312201

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Oct 2020 14:00:07

US3312201

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '24 Sep 2020'	(b) (4), (b) (6)	09 Oct 2020 14:00:07

US3312201

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	09 Oct 2020 14:00:07

US3312201

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	09 Oct 2020 14:00:07

US3312201

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Oct 2020 14:00:11

US3312201

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	09 Oct 2020 14:00:11

US3312201

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Oct 2020 14:00:46

US3312201

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '1 Oct 2020'	(b) (4), (b) (6)	09 Oct 2020 14:00:46

US3312201

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	09 Oct 2020 14:00:46

US3312201

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	09 Oct 2020 14:00:46

US3312201

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Oct 2020 14:01:42

US3312201

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	09 Oct 2020 14:01:42

US3312201

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Oct 2020 14:02:00

US3312201

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '8 Oct 2020'	(b) (4), (b) (6)	09 Oct 2020 14:02:00

US3312201

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	09 Oct 2020 14:02:00

US3312201

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	09 Oct 2020 14:02:00

US3312201

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Oct 2020 14:02:05

US3312201

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	09 Oct 2020 14:02:05

US3312201

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:11

US3312201

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:11

US3312201

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:11

US3312201

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:53:27

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	02 Nov 2020 16:10:11

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '11:51'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Oct 2020 11:51'	System	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.7' F	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '93'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '14'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '175'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Diastolic Blood Pressure reported is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).	(b) (4), (b) (6)	05 Nov 2020 04:06:40
Query 'Diastolic Blood Pressure reported is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' answered with 'CS, AE PAGE UPDATED' (Site from System).	Monica Atwood (b) (4)	02 Nov 2020 16:11:11
User opened query 'Diastolic Blood Pressure reported System is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).		02 Nov 2020 16:10:52
User entered '109'	Monica Atwood (b) (4)	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Nov 2020 16:10:52

US3312201

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:11:23

US3312201

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:53:27

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:11:23

US3312201

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:11:40

US3312201

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:11:40

US3312201

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '12:39'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:11:40

US3312201

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:53:27

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Oct 2020 12:39'	System	02 Nov 2020 16:11:40

US3312201

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:11:45

US3312201

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	02 Nov 2020 16:11:45

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 64'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-10-23T14:44:33', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '20a79dbc-3dcf-4d1f-a5c0-ebbc33092351'	System	23 Oct 2020 19:45:15
User entered 'Yes (Y)'	System	23 Oct 2020 19:45:15

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Have you been exposed to someone with 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 (8b4ce5918f603bdf)', Time: '2020-10-23T14:44:36', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '20a79dbc-3dcf-4d1f-a5c0-ebbc33092351'	System	23 Oct 2020 19:45:15
User entered 'No (N)'	System	23 Oct 2020 19:45:15

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-10-23T14:44:40', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '20a79dbc-3dcf-4d1f-a5c0-ebbc33092351'	System	23 Oct 2020 19:45:15
User entered 'No (N)'	System	23 Oct 2020 19:45:15

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-10-23T14:44:48', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '20a79dbc-3dcf-4d1f-a5c0-ebbc33092351'	System	23 Oct 2020 19:45:15
User entered 'Yes (Y)'	System	23 Oct 2020 19:45:15

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Please 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 (8b4ce5918f603bdf)', Time: '2020-10-23T14:44:56', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '20a79dbc-3dcf-4d1f-a5c0-ebbc33092351'	System	23 Oct 2020 19:45:15
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	23 Oct 2020 19:45:15

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-10-23T14:45:04', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '20a79dbc-3dcf-4d1f-a5c0-ebbc33092351'	System	23 Oct 2020 19:45:15
User entered '23 Oct 2020 14:45:04'	System	23 Oct 2020 19:45:15

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered '20 Oct 2020 00:01'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered '24 Oct 2020 23:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 71'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-10-27T09:24:13', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '12705520-438b-4543-a21e-5291bdee536f'	System	27 Oct 2020 14:24:27
User entered 'No (N)'	System	27 Oct 2020 14:24:27

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

Have you been exposed to someone with 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 (8b4ce5918f603bdf)', Time: '2020-10-27T09:24:17', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '12705520-438b-4543-a21e-5291bdee536f'	System	27 Oct 2020 14:24:27
User entered 'No (N)'	System	27 Oct 2020 14:24:27

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-10-27T09:24:22', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '12705520-438b-4543-a21e-5291bdee536f' User entered '27 Oct 2020 09:24:22'	System	27 Oct 2020 14:24:27
	System	27 Oct 2020 14:24:27

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered '27 Oct 2020 00:01'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered '31 Oct 2020 23:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered 'Day 78'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[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 (8b4ce5918f603bdf)', Time: '2020-11-05T20:33:30', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '193e4512-6b93-41ee-9922-33185ef831cf'	System	06 Nov 2020 02:33:42
User entered 'No (N)'	System	06 Nov 2020 02:33:42

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Have you been exposed to someone with 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 (8b4ce5918f603bdf)', Time: '2020-11-05T20:33:34', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '193e4512-6b93-41ee-9922-33185ef831cf'	System	06 Nov 2020 02:33:42
User entered 'No (N)'	System	06 Nov 2020 02:33:42

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (8b4ce5918f603bdf)', Time: '2020-11-05T20:33:39', User OID: 'PatientReportedOutcome (US3312201)', ODM File OID: '193e4512-6b93-41ee-9922-33185ef831cf' User entered '05 Nov 2020 20:33:39'	System	06 Nov 2020 02:33:42

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered '03 Nov 2020 00:01'	System	20 Aug 2020 21:15:38

US3312201

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	20 Aug 2020 21:15:38
User entered '07 Nov 2020 23:59'	System	20 Aug 2020 21:15:38

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 61'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Oct 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '21 Oct 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 68'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Oct 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '28 Oct 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 75'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '31 Oct 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '04 Nov 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 82'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '07 Nov 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '11 Nov 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 89'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '14 Nov 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '18 Nov 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 96'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '21 Nov 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '25 Nov 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 103'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '28 Nov 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Dec 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 110'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '05 Dec 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Dec 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 117'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '12 Dec 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Dec 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 124'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '19 Dec 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Dec 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 131'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '26 Dec 2020 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '30 Dec 2020 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 138'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Jan 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Jan 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 145'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Jan 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Jan 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 152'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Jan 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Jan 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 159'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Jan 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Jan 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 166'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '30 Jan 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '03 Feb 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 173'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Feb 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '10 Feb 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 180'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Feb 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Feb 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 187'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Feb 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Feb 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 194'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Feb 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '03 Mar 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 201'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Mar 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '10 Mar 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 208'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Mar 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Mar 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 215'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Mar 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Mar 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 222'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Mar 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '31 Mar 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 229'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '03 Apr 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '07 Apr 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 236'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '10 Apr 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '14 Apr 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 243'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Apr 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '21 Apr 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 250'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Apr 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '28 Apr 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 257'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '01 May 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '05 May 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 264'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '08 May 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '12 May 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 271'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '15 May 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '19 May 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 278'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '22 May 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '26 May 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 285'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '29 May 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Jun 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 292'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '05 Jun 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Jun 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 299'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '12 Jun 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Jun 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 306'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '19 Jun 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Jun 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 313'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '26 Jun 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '30 Jun 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 320'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '03 Jul 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '07 Jul 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 327'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '10 Jul 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '14 Jul 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 334'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Jul 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '21 Jul 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 341'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Jul 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '28 Jul 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 348'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '31 Jul 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '04 Aug 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 355'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '07 Aug 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '11 Aug 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 362'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '14 Aug 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '18 Aug 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 369'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '21 Aug 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '25 Aug 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 376'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '28 Aug 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '01 Sep 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 383'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '04 Sep 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '08 Sep 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 390'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '11 Sep 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '15 Sep 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 397'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '18 Sep 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '22 Sep 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 404'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '25 Sep 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '29 Sep 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 411'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Oct 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Oct 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 418'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Oct 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Oct 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 425'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Oct 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Oct 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 432'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Oct 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Oct 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 439'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '30 Oct 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '03 Nov 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 446'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Nov 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '10 Nov 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 453'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Nov 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Nov 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 460'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Nov 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Nov 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 467'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Nov 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '01 Dec 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 474'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '04 Dec 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '08 Dec 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 481'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '11 Dec 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '15 Dec 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 488'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '18 Dec 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '22 Dec 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 495'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '25 Dec 2021 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '29 Dec 2021 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 502'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '01 Jan 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '05 Jan 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 509'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '08 Jan 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '12 Jan 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 516'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '15 Jan 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '19 Jan 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 523'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '22 Jan 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '26 Jan 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 530'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '29 Jan 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Feb 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 537'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '05 Feb 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Feb 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 544'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '12 Feb 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Feb 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 551'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '19 Feb 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Feb 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 558'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '26 Feb 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Mar 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 565'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '05 Mar 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Mar 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 572'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '12 Mar 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Mar 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 579'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '19 Mar 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Mar 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 586'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '26 Mar 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '30 Mar 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 593'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Apr 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Apr 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 600'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Apr 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Apr 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 607'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Apr 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Apr 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 614'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Apr 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Apr 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 621'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '30 Apr 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '04 May 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 628'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '07 May 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '11 May 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 635'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '14 May 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '18 May 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 642'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '21 May 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '25 May 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 649'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '28 May 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '01 Jun 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 656'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '04 Jun 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '08 Jun 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 663'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '11 Jun 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '15 Jun 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 670'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '18 Jun 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '22 Jun 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 677'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '25 Jun 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '29 Jun 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 684'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '02 Jul 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Jul 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 691'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '09 Jul 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Jul 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 698'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '16 Jul 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Jul 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 705'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '23 Jul 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Jul 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 712'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '30 Jul 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '03 Aug 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 719'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '06 Aug 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '10 Aug 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 726'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '13 Aug 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Aug 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 733'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '20 Aug 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Aug 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 740'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '27 Aug 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '31 Aug 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 747'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '03 Sep 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '07 Sep 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 754'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '10 Sep 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '14 Sep 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 761'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '17 Sep 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '21 Sep 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 768'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '24 Sep 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '28 Sep 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 775'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '01 Oct 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '05 Oct 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 782'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '08 Oct 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '12 Oct 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 789'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '15 Oct 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '19 Oct 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered 'Day 796'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '22 Oct 2022 00:01'	System	20 Nov 2020 00:09:06

US3312201

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:53:27

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 00:09:06
Amendment Manager: User entered '26 Oct 2022 23:59'	System	20 Nov 2020 00:09:06

US3312201

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	12 Nov 2020 19:10:09

US3312201

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '12 Nov 2020'	Monica Atwood (b) (4) (b) (4)	12 Nov 2020 19:10:09

US3312201

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Monica Atwood (b) (4) (b) (4)	12 Nov 2020 19:10:09

US3312201

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:53:27

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	12 Nov 2020 19:10:09

US3312201

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	12 Nov 2020 19:10:22

US3312201

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:53:27

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	12 Nov 2020 19:10:22

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Visit Date](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:43

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Physical Exam](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:43

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Vital Signs](#)

Audit	User	Time (GMT)
User entered '1'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:43

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Immunogenicity Assessment](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:43

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Pregnancy Test](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:19:43

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '14:33'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020 14:33'	System	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '142'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '91'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 17 Sep 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	06 Oct 2020 18:20:03

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Visit Date](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:43:41

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Physical Exam](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:43:41

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Vital Signs](#)

Audit	User	Time (GMT)
User entered '1'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:43:41

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Immunogenicity Assessment](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:43:41

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Pregnancy Test](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:43:41

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Aug 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '17:00'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '20 Aug 2020 17:00'	System	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '93'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '143'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '97'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 20 Aug 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Aug 2020 16:44:06

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Visit Date](#)

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:23

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Physical Exam](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:23

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Vital Signs](#)

Audit	User	Time (GMT)
User entered 'I'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:23

US3312201

Folder: **Unscheduled 28 Oct 2020**

Form: **Unscheduled Visit Assessment**

Generated On: **26 Nov 2020 10:53:27**

[Immunogenicity Assessment](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:23

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Unscheduled Visit Assessment

Generated On: 26 Nov 2020 10:53:27

[Pregnancy Test](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:23

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '12:07'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '28 Oct 2020 12:07'	System	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '174'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Diastolic Blood Pressure reported is out of range < 60 or > 110 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).	(b) (4), (b) (6)	05 Nov 2020 04:07:24
User closed query 'Diastolic Blood Pressure reported is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).	(b) (4), (b) (6)	05 Nov 2020 04:07:22
Query 'Diastolic Blood Pressure reported is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' answered with 'CS, AE PAGE UPDATED' (Site from System).	Monica Atwood (b) (4)	02 Nov 2020 16:15:45
Query 'Diastolic Blood Pressure reported is out of range < 60 or > 110 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' answered with 'CS, AE PAGE UPDATED' (Site from System).	Monica Atwood (b) (4)	02 Nov 2020 16:15:34
User opened query 'Diastolic Blood Pressure reported System is out of range < 60 or > 110 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).		02 Nov 2020 16:14:52
User opened query 'Diastolic Blood Pressure reported System is out of range > 100 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).		02 Nov 2020 16:14:52
User entered '115'	Monica Atwood (b) (4)	02 Nov 2020 16:14:52

US3312201

Folder: Unscheduled 28 Oct 2020

Form: Vital Signs

Generated On: 26 Nov 2020 10:53:27

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Nov 2020 16:14:52

US3312201

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:53:27

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:21:07

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Infections and infestations, HLGT: Infections - pathogen unspecified, HLT: Abdominal and gastrointestinal infections, PT: Diverticulitis, LLT: Diverticulitis - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	06 Oct 2020 18:23:21
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	06 Oct 2020 18:23:21
Data point term sent to Coder	System	06 Oct 2020 18:22:56
User entered 'diverticulitis'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

Start date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '24 Aug 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Monica Atwood (b) (4)	02 Nov 2020 16:23:17
User entered 'Yes (Y)'	Karol Moore (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '09 Oct 2020' reason for change: Data Entry Error	Monica Atwood (b) (4)	02 Nov 2020 16:23:17
User entered empty.	Karol Moore (b) (4)	06 Oct 2020 18:22:02
	(b) (4)	

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

End time (00:00-23:59)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 3/Severe (Grade 3/Severe)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Death](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

Action taken with investigational product

Audit	User	Time (GMT)
User closed query 'Per CDM: "Action taken with investigational product" is answered as "Investigational product withdrawn", however "End of Study" forms are not completed. Please consider completing "End of Study" forms or if subject withdrew only IP then please consider completing "Dosing discontinuation" form under "End of Study" folder or clarify otherwise. Thank you.' (Site from DM).	(b) (4), (b) (6)	16 Nov 2020 14:23:23
Query 'Per CDM: "Action taken with investigational product" is answered as "Investigational product withdrawn", however "End of Study" forms are not completed. Please consider completing "End of Study" forms or if subject withdrew only IP then please consider completing "Dosing discontinuation" form under "End of Study" folder or clarify otherwise. Thank you.' answered with 'DOSING DISCONTINUATION PAGE UPDATED' (Site from DM).	Monica Atwood (b) (4)	13 Nov 2020 17:57:47
User opened query 'Per CDM: "Action taken with investigational product" is answered as "Investigational product withdrawn", however "End of Study" forms are not completed. Please consider completing "End of Study" forms or if subject withdrew only IP then please consider completing "Dosing discontinuation" form under "End of Study" folder or clarify otherwise. Thank you.' (Site from DM).	(b) (4), (b) (6)	16 Oct 2020 15:27:24
User entered 'Investigational Product Withdrawn (WITHDRAWN)'	Karol Moore (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[None](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '1'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)' reason for change: Data Entry Error	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:23:17
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Narrative](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:53:27

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	06 Oct 2020 18:22:02

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Gastrointestinal disorders, HLGT: Benign neoplasms gastrointestinal, HLT: Benign neoplasms gastrointestinal (excl oral cavity), PT: Large intestine polyp, LLT: Colonic polyp - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	04 Nov 2020 22:00:22
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	04 Nov 2020 22:00:22
Data point term sent to Coder	System	02 Nov 2020 16:22:54
User entered 'COLONIC POLYP'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

Start date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '09 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

Start time (00:00-23:59)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

If not Ongoing, end date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '09 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

End time (00:00-23:59)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 2/Moderate (Grade 2/Moderate)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Death](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Action taken with investigational product](#)

Audit	User	Time (GMT)
User entered 'None (NONE)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[None](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '1'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Narrative](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (2)

Generated On: 26 Nov 2020 10:53:27

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	02 Nov 2020 16:22:35

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Investigations, HLG: Cardiac and vascular investigations (excl enzyme tests), HLT: Vascular tests NEC (incl blood pressure), PT: Blood pressure systolic increased, LLT: Blood pressure systolic increased - version MedDRA\\23.0.	Coder Import (b) (4)	04 Nov 2020 22:28:17
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	04 Nov 2020 22:28:17
Data point term sent to Coder	System	02 Nov 2020 16:25:58
User entered 'ELEVATED SYSTOLIC BLOOD PRESSURE'	Monica Atwood (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

Start time (00:00-23:59)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

If not Ongoing, end date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 3/Severe (Grade 3/Severe)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Death](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Action taken with investigational product](#)

Audit	User	Time (GMT)
User entered 'None (NONE)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[None](#)

Audit	User	Time (GMT)
User entered 'I'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Narrative](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:53:27

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	02 Nov 2020 16:25:04

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Investigations, HLG: Cardiac and vascular investigations (excl enzyme tests), HLT: Vascular tests NEC (incl blood pressure), PT: Blood pressure diastolic increased, LLT: Diastolic blood pressure increased - version MedDRA\\23.0.	Coder Import (b) (4)	04 Nov 2020 22:35:01
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	04 Nov 2020 22:35:01
Data point term sent to Coder	System	02 Nov 2020 16:27:00
User entered 'ELEVATED DIASTOLIC BLOOD PRESSURE'	Monica Atwood (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

Start date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

Start time (00:00-23:59)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

If not Ongoing, end date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

End time (00:00-23:59)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Severity](#)

Audit	User	Time (GMT)
User entered 'Grade 3/Severe (Grade 3/Severe)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Death](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Life threatening](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Admitted to ICU?](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Number of Days in ICU](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Other medically important event](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Relationship to investigational product](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
User entered 'Not Related (NOT RELATED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Action taken with investigational product](#)

Audit	User	Time (GMT)
User entered 'None (NONE)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[None](#)

Audit	User	Time (GMT)
User entered 'I'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Medication](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Concomitant Procedure](#)

Audit	User	Time (GMT)
User entered '0'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Narrative](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	02 Nov 2020 16:26:03

US3312201

Folder: Adverse Events

Form: Adverse Events (4)

Generated On: 26 Nov 2020 10:53:27

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	02 Nov 2020 16:26:03

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:53:27

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:39:31

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OPIOIDS, ATC: NATURAL OPIUM ALKALOIDS, PRODUCT: HYDROCODONE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	27 Aug 2020 20:39:53
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	27 Aug 2020 20:39:53
Data point term sent to Coder	System	27 Aug 2020 16:41:04
User entered 'HYDROCODONE'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Indication](#)

Audit	User	Time (GMT)
User entered 'L2-L5 HERNIATED DISC'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '10'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Frequency](#)

Audit	User	Time (GMT)
User entered 'twice daily (BID)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN UNK 2010'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:53:27

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	27 Aug 2020 16:40:09

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OPIOIDS, ATC: NATURAL OPIUM ALKALOIDS, PRODUCT: OXYCODONE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	06 Sep 2020 11:43:40
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	06 Sep 2020 11:43:40
Data point term sent to Coder	System	27 Aug 2020 16:41:04
User entered 'OXYCODONE'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Indication](#)

Audit	User	Time (GMT)
User entered 'L2-L5 HERNIATED LUMBAR DISC'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '10'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Frequency](#)

Audit	User	Time (GMT)
User entered 'three times daily (TID)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered 'UN Mar 2020'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '3'	System	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:53:27

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	27 Aug 2020 16:40:57

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: QUINOLONE ANTIBACTERIALS, ATC: FLUOROQUINOLONES, PRODUCT: CIPROFLOXACIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	07 Oct 2020 12:36:47
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	07 Oct 2020 12:36:47
Data point term sent to Coder	System	06 Oct 2020 18:21:54
User entered 'ciprofloxacin'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Indication](#)

Audit	User	Time (GMT)
User entered 'diverticullitis'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '500'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Frequency](#)

Audit	User	Time (GMT)
User entered 'twice daily (BID)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User entered '28 Aug 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '06 Sep 2020'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Karol Moore (b) (4) (b) (4)	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:53:27

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	06 Oct 2020 18:20:55

US3312201

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:53:27

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:18:47

US3312201

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:53:27

Procedure/Surgery date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '9 Oct 2020'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:19:24

US3312201

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:53:27

[Procedure/Surgery](#)

Audit	User	Time (GMT)
User entered 'POLYPECTOMY'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:19:24

US3312201

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:53:27

[Indication](#)

Audit	User	Time (GMT)
User entered 'Adverse Event (AE)'	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:19:24

US3312201

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:53:27

[If indication is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Monica Atwood (b) (4) (b) (4)	02 Nov 2020 16:19:24

US3312201

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:53:27

Date of dosing discontinuation (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '17 Sep 2020'	Monica Atwood (b) (4) (b) (4)	13 Nov 2020 17:57:09

US3312201

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:53:27

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
User entered 'AE (specify) (ADVERSE EVENT)'	Monica Atwood (b) (4) (b) (4)	13 Nov 2020 17:57:09

US3312201

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:53:27

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

Audit	User	Time (GMT)
User closed query 'Per CDM Re-query: thank you for teh update however per CCGs, please remove the details' (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 08:40:17
Query 'Per CDM Re-query: thank you for teh update however per CCGs, please remove the details' answered with 'UPDATED' (Site from DM).	Karol Moore (b) (4) (b) (4)	23 Nov 2020 18:34:22
User entered 'AE#1' reason for change: Data Entry Error	Karol Moore (b) (4) (b) (4)	23 Nov 2020 18:34:18
User opened query 'Per CDM Re-query: thank you for teh update however per CCGs, please remove the details' (Site from DM).	(b) (4), (b) (6)	22 Nov 2020 22:38:19
User closed query 'Per CDM: please record AE record number (i.e. AE #1, etc.) instead of details' (Site from DM).	(b) (4), (b) (6)	22 Nov 2020 22:38:19
Query 'Per CDM: please record AE record number (i.e. AE #1, etc.) instead of details' answered with 'updated' (Site from DM).	Monica Atwood (b) (4) (b) (4)	20 Nov 2020 21:01:34
User entered 'AE#1-DIVERTICULITIS' reason for change: Data Entry Error	Monica Atwood (b) (4) (b) (4)	20 Nov 2020 21:01:15
User opened query 'Per CDM: please record AE record number (i.e. AE #1, etc.) instead of details' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 14:57:12
User entered 'DIVERTICULITIS'	Monica Atwood (b) (4) (b) (4)	13 Nov 2020 17:57:09