

US3022012 (Prod: Meridian Clinical Research)

Generated By: (b) (6)

Generated On: 26 Nov 2020 08:39:22

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US3022012

Form: Participant Creation

Generated On: 26 Nov 2020 08:39:22

[Participant ID](#)

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

US3022012

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

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Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

Date of Birth (MMM yyyy)	(b) (6) 1985
Age	35
Age Units	YEARS
Age (Derived)	35
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

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Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

Date of Informed Consent (<i>dd MMM yyyy</i>)	27 JUL 2020
Month and Year of Informed Consent (derived)	JUL 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 <input checked="" type="radio"/>
	Amendment 2 <input type="radio"/>
	Amendment 3 <input type="radio"/>
	Amendment 4 <input type="radio"/>
	Amendment 5 <input type="radio"/>
Was participant enrolled in the study?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If No, indicate reason for screen fail	Withdrew Consent <input type="radio"/>
	Inclusion/Exclusion <input type="radio"/>
	Cohort Full <input type="radio"/>
	Other <input type="radio"/>
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
If Yes, previous participant number	
Enrollment Trigger	1

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Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 08:39:22

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 08:39:22

[Were any significant conditions reported?](#)

Yes ☐

No ☒

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	27 JUL 2020
Time of assessment (<i>00:00-23:59</i>)	10:45 (24 HR)
Vital Signs Date and Time (derived)	27 JUL 2020 10:45
Height (<i>xxx.x</i>)	183.5 cm
Weight (<i>xxx.x</i>)	111.4 kg
BMI (<i>xxx.x</i>)	33.08362 kg/m ²
BMI units	KG/M2
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral <input type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	ND - Not Done
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	ND - Not Done
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

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Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

27 JUL 2020

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

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Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

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Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	27 JUL 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT1

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Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

What was the date of randomization? (dd MMM yyyy) 27 JUL 2020

What was the participant's randomization number? 100005

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 ☒

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Height	ND - Not Done
Weight	ND - Not Done

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

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)	27 JUL 2020
Time of assessment (00:00-23:59)	10:45 (24 HR)
Vital Signs Date and Time (derived)	27 JUL 2020 10:45
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)	67 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	121 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	83 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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)	27 JUL 2020
Time of assessment (00:00-23:59)	12:57 (24 HR)
Vital Signs Date and Time (derived)	27 JUL 2020 12:57
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)	70 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	110 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	80 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☐

No ☒

Date of examination (dd MMM yyyy)

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

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Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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) 27 JUL 2020

What was the treatment time? (00:00-23:59) 12:09 (24 HR)

Treatment Date and Time (derived) 27 JUL 2020 12:09

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

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Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	27 JUL 2020
Collection time (<i>00:00-23:59</i>)	11:13 (24 HR)
Collection date and time (derived)	27 JUL 2020 11:13

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 08:39:22

Collection date (dd MMM yyyy)			27 JUL 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	11:04	27 JUL 2020 11:04
Nasopharyngeal Swab 2	No		

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Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

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

27 JUL 2020 13:01

PC Open Date & Time

27 JUL 2020 12:29

PC Close Date & Time

27 JUL 2020 14:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 98.4 °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	27 JUL 2020 20:19
PC Open Date & Time	27 JUL 2020 15:54
PC Close Date & Time	28 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 101.7 °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):

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

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

PC Time Stamp 28 JUL 2020 19:04

PC Open Date & Time 28 JUL 2020 12:00

PC Close Date & Time 29 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 <input checked="" type="radio"/>
	No <input type="radio"/>
Please record your TEMPERATURE in °F	99.7 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>

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

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

PC Time Stamp	29 JUL 2020 21:23
PC Open Date & Time	29 JUL 2020 12:00
PC Close Date & Time	30 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

99.1 °F

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

Yes ☒

No ☐

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

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

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

30 JUL 2020 19:59

PC Open Date & Time

30 JUL 2020 12:00

PC Close Date & Time

31 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

98.3 °F

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

Yes ☒

No ☐

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

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

False

To **PREVENT** pain or fever from occurring

True

PC Time Stamp

01 AUG 2020 06:02

PC Open Date & Time

31 JUL 2020 12:00

PC Close Date & Time

01 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

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.

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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

02 AUG 2020 00:08

PC Open Date & Time

01 AUG 2020 12:00

PC Close Date & Time

02 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

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.

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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

03 AUG 2020 00:48

PC Open Date & Time

02 AUG 2020 12:00

PC Close Date & Time

03 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

27 JUL 2020 13:01

PC Open Date & Time

27 JUL 2020 12:29

PC Close Date & Time

27 JUL 2020 14:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

27 JUL 2020 20:20

PC Open Date & Time

27 JUL 2020 15:54

PC Close Date & Time

28 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

28 JUL 2020 19:05

PC Open Date & Time

28 JUL 2020 12:00

PC Close Date & Time

29 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

29 JUL 2020 21:23

PC Open Date & Time

29 JUL 2020 12:00

PC Close Date & Time

30 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

30 JUL 2020 20:00

PC Open Date & Time

30 JUL 2020 12:00

PC Close Date & Time

31 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

01 AUG 2020 06:02

PC Open Date & Time

31 JUL 2020 12:00

PC Close Date & Time

01 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

02 AUG 2020 00:09

PC Open Date & Time

01 AUG 2020 12:00

PC Close Date & Time

02 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

03 AUG 2020 00:48

PC Open Date & Time

02 AUG 2020 12:00

PC Close Date & Time

03 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

No ☒

Yes ☐

PC Time stamp	27 JUL 2020 13:01
PC Open Date & Time	27 JUL 2020 12:29
PC Close Date & Time	27 JUL 2020 14:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

No ☒

Yes ☐

PC Time stamp	27 JUL 2020 20:20
PC Open Date & Time	27 JUL 2020 15:54
PC Close Date & Time	28 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	28 JUL 2020 19:05
PC Open Date & Time	28 JUL 2020 12:00
PC Close Date & Time	29 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	29 JUL 2020 21:23
PC Open Date & Time	29 JUL 2020 12:00
PC Close Date & Time	30 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	30 JUL 2020 20:00
PC Open Date & Time	30 JUL 2020 12:00
PC Close Date & Time	31 JUL 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	01 AUG 2020 06:02
PC Open Date & Time	31 JUL 2020 12:00
PC Close Date & Time	01 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	02 AUG 2020 00:09
PC Open Date & Time	01 AUG 2020 12:00
PC Close Date & Time	02 AUG 2020 11:59

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

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 ☒

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

Yes <input type="checkbox"/>	
PC Time stamp	03 AUG 2020 00:48
PC Open Date & Time	02 AUG 2020 12:00
PC Close Date & Time	03 AUG 2020 11:59

US3022012

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☒

No ☐

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

04 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3022012

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

Was Contact Attempted?

Yes ☒

No ☐

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

11 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3022012

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>

Visit date (dd MMM yyyy)	
--------------------------	--

Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input type="radio"/>

Folder OID	VISIT2
------------	--------

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Timepoint	Pre-Dose <input checked="" type="radio"/>
	Post-Dose <input 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	

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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	

US3022012

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

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.

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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? _____

US3022012

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Was the sample collected?

Yes ☐

No ☒

Collection date (*dd MMM yyyy*)

Collection time (*00:00-23:59*)

Collection date and time (derived)

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 08:39:22

Collection date (*dd MMM yyyy*)

Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	No		
Nasopharyngeal Swab 2	No		

US3022012

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	23 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

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	23 OCT 2020
Time of assessment (<i>00:00-23:59</i>)	14:29 (24 HR)
Vital Signs Date and Time (derived)	23 OCT 2020 14:29
Temperature (<i>xxx.x</i>)	36.6 C
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	85 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	135 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	82 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3022012

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

23 OCT 2020

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

US3022012

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	23 OCT 2020
Collection time (<i>00:00-23:59</i>)	14:35 (24 HR)
Collection date and time (derived)	23 OCT 2020 14:35

US3022012

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 checked="" 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 checked="" type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	26 SEP 2020 09:58:42
Patient Cloud Open Date & Time	26 SEP 2020 00:01
Patient Cloud Close Date & Time	30 SEP 2020 23:59

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

05 OCT 2020 18:53:08

Patient Cloud Open Date & Time

03 OCT 2020 00:01

Patient Cloud Close Date & Time

07 OCT 2020 23:59

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

14 OCT 2020 11:59:25

Patient Cloud Open Date & Time

10 OCT 2020 00:01

Patient Cloud Close Date & Time

14 OCT 2020 23:59

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 92

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

27 OCT 2020 14:08:13

Patient Cloud Open Date & Time

24 OCT 2020 00:01

Patient Cloud Close Date & Time

28 OCT 2020 23:59

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 99
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	03 NOV 2020 17:54:58
Patient Cloud Open Date & Time	31 OCT 2020 00:01
Patient Cloud Close Date & Time	04 NOV 2020 23:59

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 106

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

11 NOV 2020 12:05:46

Patient Cloud Open Date & Time

07 NOV 2020 00:01

Patient Cloud Close Date & Time

11 NOV 2020 23:59

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 113

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

14 NOV 2020 00:06:09

Patient Cloud Open Date & Time

14 NOV 2020 00:01

Patient Cloud Close Date & Time

18 NOV 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

27 SEP 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 SEP 2020 00:01

[Patient Cloud Close Date & Time](#)

04 OCT 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

11 OCT 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 OCT 2020 00:01
Patient Cloud Close Date & Time	18 OCT 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission	
Patient Cloud Open Date & Time	21 OCT 2020 00:01
Patient Cloud Close Date & Time	25 OCT 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

01 NOV 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 103

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

08 NOV 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

15 NOV 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 117

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

22 NOV 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 NOV 2020 00:01
Patient Cloud Close Date & Time	29 NOV 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

06 DEC 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

13 DEC 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 145
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 DEC 2020 00:01
Patient Cloud Close Date & Time	20 DEC 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 DEC 2020 00:01
Patient Cloud Close Date & Time	27 DEC 2020 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

03 JAN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 166

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

10 JAN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 173

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

17 JAN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 180
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

24 JAN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JAN 2021 00:01
Patient Cloud Close Date & Time	31 JAN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 194
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 FEB 2021 00:01
Patient Cloud Close Date & Time	07 FEB 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

14 FEB 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 208

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

21 FEB 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

28 FEB 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

07 MAR 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

21 MAR 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 MAR 2021 00:01
Patient Cloud Close Date & Time	28 MAR 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 250
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

04 APR 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

11 APR 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

18 APR 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 271

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

25 APR 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

02 MAY 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

09 MAY 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

16 MAY 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

23 MAY 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 306

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

No ☐

Yes ☐

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

No ☐

Yes ☐

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

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

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

No ☐

Yes ☐

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

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

Chills

Cough

Shortness of breath

Difficulty breathing

Fatigue

Muscle aches

Body aches

Headache

New loss of taste

New loss of smell

Sore throat

Congestion

Runny nose

Nausea

Vomiting

Diarrhea

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

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

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

No ☐

Yes ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 MAY 2021 00:01
Patient Cloud Close Date & Time	30 MAY 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 313

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUN 2021 00:01
Patient Cloud Close Date & Time	06 JUN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 320
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

13 JUN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

20 JUN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

27 JUN 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUN 2021 00:01
Patient Cloud Close Date & Time	04 JUL 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUL 2021 00:01
Patient Cloud Close Date & Time	11 JUL 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 355

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

18 JUL 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 362

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

25 JUL 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

01 AUG 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

08 AUG 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 AUG 2021 00:01
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Patient Cloud Close Date & Time	15 AUG 2021 23:59
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US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

22 AUG 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

29 AUG 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

05 SEP 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

12 SEP 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 SEP 2021 00:01
Patient Cloud Close Date & Time	19 SEP 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 425

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

No ☐

Yes ☐

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

No ☐

Yes ☐

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

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

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

No ☐

Yes ☐

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

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

Chills

Cough

Shortness of breath

Difficulty breathing

Fatigue

Muscle aches

Body aches

Headache

New loss of taste

New loss of smell

Sore throat

Congestion

Runny nose

Nausea

Vomiting

Diarrhea

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

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

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

No ☐

Yes ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 SEP 2021 00:01
Patient Cloud Close Date & Time	26 SEP 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 432

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

03 OCT 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 439
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 OCT 2021 00:01
Patient Cloud Close Date & Time	17 OCT 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 OCT 2021 00:01
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Patient Cloud Close Date & Time	24 OCT 2021 23:59
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US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

31 OCT 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

07 NOV 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

21 NOV 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

28 NOV 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

05 DEC 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 DEC 2021 00:01
Patient Cloud Close Date & Time	12 DEC 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

19 DEC 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 DEC 2021 00:01
Patient Cloud Close Date & Time	26 DEC 2021 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

02 JAN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 530

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

09 JAN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

16 JAN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 <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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

23 JAN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JAN 2022 00:01
Patient Cloud Close Date & Time	30 JAN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

06 FEB 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 FEB 2022 00:01
Patient Cloud Close Date & Time	13 FEB 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

20 FEB 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 FEB 2022 00:01
Patient Cloud Close Date & Time	27 FEB 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

06 MAR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

13 MAR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

20 MAR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

27 MAR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

03 APR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 621
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 APR 2022 00:01
Patient Cloud Close Date & Time	10 APR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 628

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

17 APR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 635

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

No ☐

Yes ☐

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

No ☐

Yes ☐

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

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

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

No ☐

Yes ☐

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

Fever (Temperature \geq 100.4°F/38°C) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

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

No ☐

Yes ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

24 APR 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

01 MAY 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 649

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

08 MAY 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

15 MAY 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 663

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

22 MAY 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 670

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

29 MAY 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

05 JUN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 684

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

12 JUN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUN 2022 00:01
Patient Cloud Close Date & Time	19 JUN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 698

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

26 JUN 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUN 2022 00:01
Patient Cloud Close Date & Time	03 JUL 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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="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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUL 2022 00:01
Patient Cloud Close Date & Time	10 JUL 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 719

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUL 2022 00:01
Patient Cloud Close Date & Time	17 JUL 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

24 JUL 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT	DAY 733
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 JUL 2022 00:01
Patient Cloud Close Date & Time	31 JUL 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

07 AUG 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

14 AUG 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 754

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

21 AUG 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 AUG 2022 00:01
Patient Cloud Close Date & Time	28 AUG 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

04 SEP 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

[Patient Cloud Close Date & Time](#)

11 SEP 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

DAY 782

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

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

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

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

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

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

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

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

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 SEP 2022 00:01
Patient Cloud Close Date & Time	18 SEP 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood 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 SEP 2022 00:01
Patient Cloud Close Date & Time	25 SEP 2022 23:59

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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"/>

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

02 OCT 2022 23:59

US3022012

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

US3022012

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

Date of Contact	03 AUG 2020
Time of Contact	15:14
Date and Time of Contact (derived)	03 AUG 2020 15:14
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input type="checkbox"/>
	Safety Call <input checked="" type="checkbox"/>
	Convalescent Tele-visit <input type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input checked="" type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	05 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.5 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	301 of 2292	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input checked="" type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	06 AUG 2020	
Assessment Not Done	False	
O2 Saturation	96 %	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	305 of 2292	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input checked="" type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	07 AUG 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	98.7 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	309 of 2292	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input checked="" type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	08 AUG 2020	
Assessment Not Done	False	
O2 Saturation	92 %	
O2 Saturation Units	%	
Temperature	97.3 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	313 of 2292	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input checked="" type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	09 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	99.3 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	317 of 2292	

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input checked="" type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	10 AUG 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	321 of 2292	

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input checked="" type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	11 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	325 of 2292	

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input checked="" type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	12 AUG 2020	
Assessment Not Done	False	
O2 Saturation	96 %	
O2 Saturation Units	%	
Temperature	97.4 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	329 of 2292	

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input checked="" type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	13 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	333 of 2292	

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input checked="" type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	14 AUG 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	98.3 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	337 of 2292	

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Form: Symptom Log (10)

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	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (11)

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[Symptom Day](#)

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input checked="" type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	15 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.3 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	341 of 2292	

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input checked="" type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	16 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	97.7 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	345 of 2292	

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input checked="" type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	17 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.4 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	349 of 2292	

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input checked="" type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	18 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.7 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	353 of 2292	

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Form: Symptom Log (14)

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input checked="" type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	19 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.2 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	357 of 2292	

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input checked="" type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	20 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	361 of 2292	

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input checked="" type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	21 AUG 2020	
Assessment Not Done	False	
O2 Saturation	97 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	365 of 2292	

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

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

Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input checked="" type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	22 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	369 of 2292	

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input checked="" type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	23 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	373 of 2292	

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input checked="" type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	24 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.8 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	377 of 2292	

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

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

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

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Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input checked="" type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	25 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	381 of 2292	

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Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input checked="" type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	26 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.2 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	385 of 2292	

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input checked="" type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	27 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.3 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	389 of 2292	

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input checked="" type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	28 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	393 of 2292	

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
<hr/>		
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input checked="" type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	29 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	397 of 2292	

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Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

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Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input checked="" type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	30 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.3 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	401 of 2292	

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Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

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Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input checked="" type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	04 AUG 2020	
Assessment Not Done	False	
O2 Saturation	96 %	
O2 Saturation Units	%	
Temperature	97.5 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	405 of 2292	

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Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input checked="" type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	31 AUG 2020	
Assessment Not Done	False	
O2 Saturation	ND - Not Done	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	409 of 2292	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

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Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

Date of Visit	04 AUG 2020
Was the Subject Tested For SARS-CoV-2 by RT-PCR?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Did Subject Test Positive For SARS-CoV-2 by RT-PCR?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Date of Test	04 AUG 2020
Type of Test Performed	Nasopharyngeal Swab <input type="radio"/> Nasal Swab <input checked="" type="radio"/> Saliva Test <input type="radio"/> Other <input type="radio"/>
Other, specify _____	
Was this diagnostic test performed at a lab other than the Study Central Lab?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes, provide lab information below	
Lab/ Institution Test Performed	_____
CLIA Certified?	Yes <input type="radio"/> No <input type="radio"/>
COVID-19 Positive (CSA Programming Field Only)	1

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Respiratory Rates ≥ 30 per Minute? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Respiratory Rate _____

Did the subject have Heart Rate ≥ 125 beats per minute? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Heart Rate _____

Did the subject have Oxygen Saturation of SpO₂ $\leq 93\%$ on room air at sea level? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Oxygen Saturation _____

Did the subject have PaO₂/FIO₂ Ratio < 300 mm Hg? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

PaO₂ _____

Did the subject have Respiratory failure? Yes ☐ No ☒

Start Date _____

Did the subject have Acute Respiratory Distress Syndrome (ARDS)? Yes ☐ No ☒

Start Date _____

If Yes to either Did subject require any of the following:

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Ventilator Support:

High-Flow Oxygen? Yes ☐ No ☒

Start Date _____

End Date _____

Non-Invasive Ventilation? Yes ☐ No ☒

Start Date _____

End Date _____

Mechanical Ventilation? Yes ☐ No ☒

Start Date _____

End Date _____

ECMO? Yes ☐ No ☒

Start Date _____

End Date _____

Evidence of Shock:

Systolic Blood Pressure < 90 mmHg, Diastolic Blood Pressure < 60 mmHg Yes ☐ No ☒

Start Date _____

End Date _____

Evidence of Shock Requires Vasopressors Yes ☐ No ☒

Start Date _____

End Date _____

Acute Renal Dysfunction? Yes ☐ No ☒

Start Date _____

Hepatic Dysfunction? Yes ☐ No ☒

Start Date _____

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Neurologic Dysfunction? Yes ☐
No ☒

Start Date

Evidence of Pneumonia:

Clinical Evidence Yes ☐
No ☒

Date of Assessment

Radiographical Evidence Yes ☐
No ☒

Date of Assessment

Admission to an intensive care unit due to SARS-CoV-2 Yes ☐
No ☒

Start Date

End Date

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Yes ☐
No ☒

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection

Generated On: 26 Nov 2020 08:39:22

Visit	Was Saliva Collected?	Date of Collection
Day 3	Yes	06 AUG 2020
Day 5	Yes	08 AUG 2020
Day 7	Yes	10 AUG 2020
Day 9	Yes	12 AUG 2020
Day 14	Yes	17 AUG 2020
Day 21	Yes	24 AUG 2020
Day 28	Yes	31 AUG 2020

US3022012

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	04 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	SICKD1

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	04 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	09:56 (24 HR)
Vital Signs Date and Time (derived)	04 AUG 2020 09:56
Temperature (<i>xxx.x</i>)	97.5 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	73 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	124 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	90 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

04 AUG 2020

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

US3022012

Folder: Illness Visit Day 1 (1)

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

Generated On: 26 Nov 2020 08:39:22

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

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

04 AUG 2020

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	31 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	SICKD28

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	31 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	14:30 (24 HR)
Vital Signs Date and Time (derived)	31 AUG 2020 14:30
Temperature (<i>xxx.x</i>)	97.9 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	89 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	122 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	78 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

31 AUG 2020

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

US3022012

Folder: Convalescence Visit Day 28 (1)

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

Generated On: 26 Nov 2020 08:39:22

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

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

31 AUG 2020

US3022012

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 08:39:22

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

AEID	USA-US051-2020-MRNA-1273-P30 1000002
Adverse event	COVID-19
Was this a medically-attended AE?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was this a Solicited Adverse Reaction?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Start date (dd MMM yyyy)	27 JUL 2020
Start time (00:00-23:59)	08:00 (24 HR)
AE start date and time (derived)	27 JUL 2020 08:00
Ongoing?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	15 SEP 2020
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild <input type="radio"/> Grade 2/Moderate <input checked="" type="radio"/> Grade 3/Severe <input type="radio"/> Grade 4 <input type="radio"/>
Is the adverse event serious?	Yes <input type="radio"/> No <input checked="" type="radio"/>
AE is serious due To (check all that apply)	
Death	False
Life threatening	False
Requires inpatient or prolongation of existing Hospitalization	False
Hospital Admission Date (dd MMM yyyy)	
Hospital Discharge Date (dd MMM yyyy)	
Admitted to ICU?	Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>
Number of Days in ICU	
v6.020 DTW (1102)	427 of 2292

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Relationship to Study Procedure	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Action taken with investigational product	None <input type="radio"/> Dose Delayed <input type="radio"/> Investigational Product <input checked="" type="radio"/> Withdrawn <input type="radio"/> Not Applicable <input type="radio"/>
Other action taken (check all that apply)	
None	False
Concomitant Medication	True
Concomitant Procedure	False
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input type="radio"/> Recovered/Resolved <input checked="" type="radio"/> Recovered/Resolved with Sequelae <input type="radio"/> Recovering/Resolving <input type="radio"/> Unknown <input type="radio"/>
If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:	
Narrative	SUBJECT ONLY TAKEN TYLENOL FOR HEADACHE. SUBJECT DON'T HAVE ANY MEDICAL HISTORY TO ADD.
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)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 08:39:22

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

Yes ☒

No ☐

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

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

Name of Medication	TYLENOL
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HEADACHE/FEVER
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 checked="" type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<hr/>		
If route of administration is Other, specify <input type="text"/>		
<hr/>		
Start date (dd MMM yyyy)		28 JUL 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy)		01 AUG 2020
Was this medication taken for solicited event?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<hr/>		
Separate Dosage Number (derived)		1
Interval Dosage Unit Number (derived)		1
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input checked="" type="checkbox"/>

US3022012

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 08:39:22

Were any concomitant procedures performed?

Yes ☐

No ☒

If yes, please complete Concomitant Procedures form.

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

Visit	Screening	<input type="checkbox"/>
	Visit 1 Day 1	<input type="checkbox"/>
	Visit 2 Day 29	<input checked="" type="checkbox"/>
	Visit 3 Day 57	<input type="checkbox"/>
	Visit 4 Day 209	<input type="checkbox"/>
	Visit 5 Day 394	<input type="checkbox"/>
	Visit 6 Day 759	<input type="checkbox"/>

Case Report Form

Visit Date	True
Demographics	False
Enrollment	False
Inclusion/Exclusion Criteria Summary	False
Inclusion/Exclusion Criteria	False
Medical History Summary	False
Medical History	False
Vital Signs	True
Vital Signs - Dosing	True
Physical Examination	False
Central Laboratory - Nasopharyngeal Swab	True
Childbearing Potential	False
Pregnancy Test	False
Randomization	False
Exposure	True
Immunogenicity Assessment	True
Saliva Collection	False
COVID Diagnostic Test	False
Symptom Log	False
Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection	False
COVID-19 Severity Assessment	False
COVID-19 Contact	False
Risk of Exposure	False
Safety Call	False
Dosing Discontinuation	False
End of Study / Study Discontinuation	False

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

All	False
Date of missed or out of window visit or assessment 31 AUG 2020	
Category	
Inclusion criteria not met/Exclusion criteria met	False
Study Treatment not given	False
Missed Visit	True
Missed Assessment	False
Visit performed out of window	False
Assessment performed out of window	False
Scheduled clinical visit performed as home visit	False
Other	False
Other, specify	
Description of Relationship to COVID-19	
Clinical site closed	False
Travel restrictions	False
Quarantine due to COVID-19	True
Possible exposure to COVID-19	False
Exposure to COVID-19	False
Presumption / confirmed COVID-19	False
Symptoms of COVID-19	False
Sponsor hold due to COVID-19	False
Participant decision	False

US3022012

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

Date of dosing discontinuation (dd MMM yyyy)

02 AUG 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 _____

US3022012

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 08:39:22

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 ☐

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US051-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	PAUL
Investigator's Last Name	BRADLEY
Site Address: Street	340 EISENHOWER DR.
Site Address: City	SAVANNAH
Site Address: State	GA
Site Address: Postal Code	31406
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	6

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US051-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	PAUL
Investigator's Last Name	BRADLEY
Site Address: Street	340 EISENHOWER DR.
Site Address: City	SAVANNAH
Site Address: State	GA
Site Address: Postal Code	31406
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	6
Date of submission (Pre-filled from custom function)	28/AUG/2020 13:36
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US051-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	PAUL
Investigator's Last Name	BRADLEY
Site Address: Street	340 EISENHOWER DR.
Site Address: City	SAVANNAH
Site Address: State	GA
Site Address: Postal Code	31406
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	6
Date of submission (Pre-filled from custom function)	12/SEP/2020 13:30
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US051-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	PAUL
Investigator's Last Name	BRADLEY
Site Address: Street	340 EISENHOWER DR.
Site Address: City	SAVANNAH
Site Address: State	GA
Site Address: Postal Code	31406
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	6
Date of submission (Pre-filled from custom function)	15/SEP/2020 08:52
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	<input checked="" type="checkbox"/> True

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US051-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	PAUL
Investigator's Last Name	BRADLEY
Site Address: Street	340 EISENHOWER DR.
Site Address: City	SAVANNAH
Site Address: State	GA
Site Address: Postal Code	31406
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	6
Date of submission (Pre-filled from custom function)	21/SEP/2020 07:36
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (5)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US051-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	PAUL
Investigator's Last Name	BRADLEY
Site Address: Street	340 EISENHOWER DR.
Site Address: City	SAVANNAH
Site Address: State	GA
Site Address: Postal Code	31406
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	6
Date of submission (Pre-filled from custom function)	30/SEP/2020 16:31
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (6)

Generated On: 26 Nov 2020 08:39:22

SAEID	USA-US051-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	PAUL
Investigator's Last Name	BRADLEY
Site Address: Street	340 EISENHOWER DR.
Site Address: City	SAVANNAH
Site Address: State	GA
Site Address: Postal Code	31406
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	6
Date of submission (Pre-filled from custom function)	22/OCT/2020 18:09
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

Audit

US3022012 (Prod: Meridian Clinical Research)

US3022012

Form: Participant Creation

Generated On: 26 Nov 2020 08:39:22

[Participant ID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 14:49:31
User entered 'US3022012'	RWS_ENDPOINT ENDPOINT (b) (4)	27 Jul 2020 14:29:42

US3022012

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:54:44

US3022012

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 JUL 2020'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	27 Jul 2020 14:29:43

US3022012

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:54:44

US3022012

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	27 Jul 2020 16:54:44

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
User entered (b) (6) 1985'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	27 Jul 2020 14:29:44

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Age](#)

Audit	User	Time (GMT)
User entered '35'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '35'	System	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Sex](#)

Audit	User	Time (GMT)
User entered 'Male (M)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[White](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Black](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

If race is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 08:39:22

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:05

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Jul 2020'	System	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '2020'	System	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Protocol Version](#)

Audit	User	Time (GMT)
User entered 'Amendment 1 (1)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:27

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	27 Jul 2020 14:29:43

US3022012

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 08:39:22

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered '1'	System	27 Jul 2020 16:55:33

US3022012

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:55:33

US3022012

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 08:39:22

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Thank you for your response; however please complete the Concomitant medications page to reflect this information, or explain and reconcile. ' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 10:15:42
Query 'Per CDM: Thank you for your response; however please complete the Concomitant medications page to reflect this information, or explain and reconcile. ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	25 Oct 2020 22:57:38
User opened query 'Per CDM: Thank you for your response; however please complete the Concomitant medications page to reflect this information, or explain and reconcile. ' (Site from DM).	(b) (4), (b) (6)	16 Oct 2020 17:12:26
User closed query 'Per CDM: It appears participant is 35 years of age, yet there are no Medical History or Concomitant Medications recorded. Please review, reconcile, and update ALL applicable forms accordingly.' (Site from DM).	(b) (4), (b) (6)	16 Oct 2020 17:12:14
Query 'Per CDM: It appears participant is 35 years of age, yet there are no Medical History or Concomitant Medications recorded. Please review, reconcile, and update ALL applicable forms accordingly.' answered with 'NO MEDICAL HISTORY. PATIENT IS HEALTHY ' (Site from DM).	(b) (4), (b) (6)	15 Oct 2020 14:13:34
User opened query 'Per CDM: It appears participant is 35 years of age, yet there are no Medical History or Concomitant Medications recorded. Please review, reconcile, and update ALL applicable forms accordingly.' (Site from DM).	(b) (4), (b) (6)	14 Oct 2020 19:39:50
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:30:04

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Jul 2020'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '10:45'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 Jul 2020 10:45'	System	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Height (xxx.x)

Audit	User	Time (GMT)
User entered '183.5' cm	Chevon Roberts (b) (4)	27 Jul 2020 23:31:01
DataPoint set to visible.	(b) (4) System	27 Jul 2020 16:55:33

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '111.4' kg	Chevon Roberts (b) (4)	27 Jul 2020 23:31:01
DataPoint set to visible.	(b) (4) System	27 Jul 2020 16:55:33

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '33.08362'	System	16 Sep 2020 23:36:44
User entered '33.1'	System	27 Jul 2020 23:31:01
DataPoint set to visible.	System	27 Jul 2020 16:55:33

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	27 Jul 2020 23:31:01
DataPoint set to visible.	System	27 Jul 2020 16:55:33

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User closed query 'Per CDM Re query: Thanks for the response, kindly Remove units for PULSE, RESPIRATORY RATE, SYS BP and DIA BP as well. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:23:35
Query 'Per CDM Re query: Thanks for the response, kindly Remove units for PULSE, RESPIRATORY RATE, SYS BP and DIA BP as well. Please update accordingly.' answered with 'IT WILL NOT LET ME ERASE THOSE' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:41:28
User opened query 'Per CDM Re query: Thanks for the response, kindly Remove units for PULSE, RESPIRATORY RATE, SYS BP and DIA BP as well. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	27 Oct 2020 08:17:12
User closed query 'Per CDM: Per CCGs V2.0 pages 16-17, if Screening and Visit 1 Day 1 are on the same day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on this page (ND for “Not done” and not left empty). Please note that when ND is recorded the unit should not remain. Please review and update as appropriate. ' (Site from DM).	(b) (4), (b) (6)	27 Oct 2020 08:17:00
Query 'Per CDM: Per CCGs V2.0 pages 16-17, if Screening and Visit 1 Day 1 are on the same day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on this page (ND for “Not done” and not left empty). Please note that when ND is recorded the unit should not remain. Please review and update as appropriate. ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	25 Oct 2020 23:00:02
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	25 Oct 2020 22:59:52
User opened query 'Per CDM: Per CCGs V2.0 pages 16-17, if Screening and Visit 1 Day 1 are on the same day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on this page (ND for “Not done” and not left empty). Please note that when ND is recorded the unit should not remain. Please review and update as appropriate. ' (Site from DM).	(b) (4), (b) (6)	21 Oct 2020 12:22:50
User entered '98.2' F	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	25 Oct 2020 22:59:52
User entered 'Oral (Oral)'	Chevon Roberts (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	25 Oct 2020 22:59:52
User entered '67'	Chevon Roberts (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	25 Oct 2020 22:59:52
User entered '14'	Chevon Roberts (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	25 Oct 2020 22:59:52
User entered '121'	Chevon Roberts (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	25 Oct 2020 22:59:52
User entered '83'	Chevon Roberts (b) (4)	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Jul 2020 23:31:01

US3022012

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:11

US3022012

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	26 Aug 2020 00:26:33
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	26 Aug 2020 00:26:14
User opened query 'The Physical Examination Date isSystem prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		21 Aug 2020 00:08:08
User opened query 'The Physical Examination Date isSystem prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		06 Aug 2020 12:45:24
User entered '27 Jul 2020'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:11

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Retail or Restaurant Operations, particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Other

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '0'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '0'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)

Audit	User	Time (GMT)
User entered '1'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '0'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 08:39:22

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:31:53

US3022012

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity Re-query : Sample dated 31AUG2020 is reported under "Unscheduled visit" in PPD Central lab, however the "Immunogenicity Assessment " page under the folder "Unscheduled 31AUG2020" is missing in EDC Please review if the sample has been collected then update the details under appropriate Unscheduled 31AUG2020 visit. ' (Site from DM).	(b) (4), (b) (6)	25 Nov 2020 04:26:35
Query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity Re-query : Sample dated 31AUG2020 is reported under "Unscheduled visit" in PPD Central lab, however the "Immunogenicity Assessment " page under the folder "Unscheduled 31AUG2020" is missing in EDC Please review if the sample has been collected then update the details under appropriate Unscheduled 31AUG2020 visit. ' answered with 'convalescent visit 28 is 31 aug 2020' (Site from DM).	Shanice Bennett (b) (4)	19 Nov 2020 23:59:19
User opened query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity Re-query : Sample dated 31AUG2020 is reported under "Unscheduled visit" in PPD Central lab, however the "Immunogenicity Assessment " page under the folder "Unscheduled 31AUG2020" is missing in EDC Please review if the sample has been collected then update the details under appropriate Unscheduled 31AUG2020 visit. ' (Site from DM).	(b) (4), (b) (6)	19 Nov 2020 15:47:39
User closed query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 31AUG2020 is reported under Unscheduled visit in PPD Central lab, however the Unscheduled 31AUG2020 is missing in EDC. Please review if the sample has been collected then update the details under appropriate Unscheduled visit. Else clarify, thank you' (Site from DM).	(b) (4), (b) (6)	19 Nov 2020 11:11:41

Was this visit performed?

Audit	User	Time (GMT)
Query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 31AUG2020 is reported under Unscheduled visit in PPD Central lab, however the Unscheduled 31AUG2020 is missing in EDC. Please review if the sample has been collected then update the details under appropriate Unscheduled visit. Else clarify, thank you' answered with 'AN UNSCHEUDLED KIT WAS USED FOR THIS VISIT' (Site from DM).	Shanice Bennett (b) (4)	13 Nov 2020 14:47:13
User opened query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 31AUG2020 is reported under Unscheduled visit in PPD Central lab, however the Unscheduled 31AUG2020 is missing in EDC. Please review if the sample has been collected then update the details under appropriate Unscheduled visit. Else clarify, thank you' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 16:24:09
User entered 'Yes (Y)'	Chevon Roberts (b) (4)	27 Jul 2020 23:32:18

US3022012

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 Jul 2020'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:32:18

US3022012

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:32:18

US3022012

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	27 Jul 2020 23:32:18

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 JUL 2020'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	27 Jul 2020 15:24:33

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

What was the participant's randomization number?

Audit	User	Time (GMT)
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 01:01:22
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 01:01:21
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	27 Jul 2020 15:24:33
User entered '100005' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	27 Jul 2020 15:24:33

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

[In what Cohort was the participant enrolled?](#)

Audit	User	Time (GMT)
User entered '>=18 and <65 years and not at risk (1)'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	27 Jul 2020 15:24:33

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma)

Audit	User	Time (GMT)
User closed query 'Complete page' (Site from CRA).	(b) (4), (b) (6)	21 Sep 2020 13:27:49
Query 'Complete page' answered with 'updated' (Site from CRA).	Shanice Bennett (b) (4)	22 Aug 2020 01:23:40
User entered 'No (N)'	Shanice Bennett (b) (4)	22 Aug 2020 01:23:29
User opened query 'Complete page' (Site from CRA).	(b) (4) (b) (4), (b) (6)	03 Aug 2020 23:42:13

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	22 Aug 2020 01:23:29

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	22 Aug 2020 01:23:29

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	22 Aug 2020 01:23:29

US3022012

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 08:39:22

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	22 Aug 2020 01:23:29

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Height

Audit	User	Time (GMT)
User closed query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:23:05
Query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:43:27
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:43:12
User opened query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 10:26:53
User entered '183.5' cm	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:43:12
User entered '111.4' kg	Chevon Roberts (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Height

Audit	User	Time (GMT)
User closed query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:23:05
Query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:43:27
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:43:12
User opened query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 10:26:53
User entered '183.5' cm	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:43:12
User entered '111.4' kg	Chevon Roberts (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Jul 2020'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '10:45'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 Jul 2020 10:45'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.2' F	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '67'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '14'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '121'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '83'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Height

Audit	User	Time (GMT)
User closed query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:23:05
Query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:43:27
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:43:12
User opened query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 10:26:53
User entered '183.5' cm	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 08:39:22

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:43:12
User entered '111.4' kg	Chevon Roberts (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Jul 2020'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User closed query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	05 Aug 2020 16:14:40
Query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' answered with 'CORRECT' (Site from System).	Shanice Bennett (b) (4)	29 Jul 2020 16:40:51
User opened query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).		27 Jul 2020 23:33:51
User entered '12:57'	Chevon Roberts (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 Jul 2020 12:57'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.2' F	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '70'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '16'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '110'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '80'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	27 Jul 2020 23:33:51

US3022012

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Audit	User	Time (GMT)
User closed query 'Per CDM: Per pages 17-18 of CCGs V2.0., when Screening and Visit 1 Day 1 occur on the same day, Was the physical examination performed? is to be recorded as "No" at Visit 1 Day 1. Please update accordingly. ' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 14:16:06
Query 'Per CDM: Per pages 17-18 of CCGs V2.0., when Screening and Visit 1 Day 1 occur on the same day, Was the physical examination performed? is to be recorded as "No" at Visit 1 Day 1. Please update accordingly. ' answered with 'updated' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 12:57:51
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	12 Nov 2020 12:57:44
User opened query 'Per CDM: Per pages 17-18 of CCGs V2.0., when Screening and Visit 1 Day 1 occur on the same day, Was the physical examination performed? is to be recorded as "No" at Visit 1 Day 1. Please update accordingly. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 16:20:46
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:34:25

US3022012

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	12 Nov 2020 12:57:44
User entered '27 Jul 2020'	Chevon Roberts (b) (4)	27 Jul 2020 23:34:25

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '27 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '12:09'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 Jul 2020 12:09'	System	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Shanice Bennett (b) (4) (b) (4)	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the frequency of the study treatment dosing?](#)

Audit	User	Time (GMT)
User entered 'ONCE'	System	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	27 Jul 2020 16:56:08

US3022012

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User closed query 'Per IMMUNO Lab Recon: GCL has an Unscheduled sample with date of 31AUG2020; however, there is no record with this date. Please reconcile, make appropriate updates, or else clarify.' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 16:20:51
Query 'Per IMMUNO Lab Recon: GCL has an Unscheduled sample with date of 31AUG2020; however, there is no record with this date. Please reconcile, make appropriate updates, or else clarify.' answered with 'SUBJECT ALSO HAD CONVALESCENT VISIT ON 31AUG2020' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:42:51
User opened query 'Per IMMUNO Lab Recon: GCL has an Unscheduled sample with date of 31AUG2020; however, there is no record with this date. Please reconcile, make appropriate updates, or else clarify.' (Site from DM).	(b) (4), (b) (6)	04 Oct 2020 09:23:35
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:34:50

US3022012

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '27 Jul 2020'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:34:50

US3022012

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '11:13'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:34:50

US3022012

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '27 Jul 2020 11:13'	System	27 Jul 2020 23:34:50

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 08:39:22

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Per SARS-CoV-2 Lab Recon: it appears GCL has a blood sample dated 31AUG2020 as an Unscheduled Visit but it is recorded as V2 D29. Please confirm V2 D29 date of 27AUG2020 is correct. ' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 06:41:55
Query 'Per SARS-CoV-2 Lab Recon: it appears GCL has a blood sample dated 31AUG2020 as an Unscheduled Visit but it is recorded as V2 D29. Please confirm V2 D29 date of 27AUG2020 is correct. ' answered with 'SUBJECT ALSO HAD BLOOD SAMPLE ON 31AUG2020 SEE CONVALESCENT VISIT ' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:42:19
User opened query 'Per SARS-CoV-2 Lab Recon: it appears GCL has a blood sample dated 31AUG2020 as an Unscheduled Visit but it is recorded as V2 D29. Please confirm V2 D29 date of 27AUG2020 is correct. ' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 12:56:49
User entered '27 Jul 2020'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Chevon Roberts (b) (4)	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '11:04'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User opened query 'Per GCL Lab Reconciliation: Swab: Sample dated(31AUG2020) is reported under Unscheduled Visit in PPD central lab, however Unscheduled visit with same date is missing in EDC. Please reconcile and confirm the correct visit, else clarify. Thank you. ' (Site from DM). User entered '27 Jul 2020 11:04'	(b) (4), (b) (6)	21 Oct 2020 10:44:38
	System	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Chevon Roberts (b) (4)	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	System	27 Jul 2020 23:35:11

US3022012

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chevon Roberts (b) (4) (b) (4)	27 Jul 2020 23:35:15

US3022012

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	27 Jul 2020 23:35:15

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:00:51', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '977a1585-39b0-49db-b426-19c178c15425'	System	27 Jul 2020 17:01:08
User entered 'Yes (Y)'	System	27 Jul 2020 17:01:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:00:56', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '977a1585-39b0-49db-b426-19c178c15425'	System	27 Jul 2020 17:01:08
User entered '98.2'	System	27 Jul 2020 17:01:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:01', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '977a1585-39b0-49db-b426-19c178c15425'	System	27 Jul 2020 17:01:08
User entered 'No (N)'	System	27 Jul 2020 17:01:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:05', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '977a1585-39b0-49db-b426-19c178c15425'	System	27 Jul 2020 17:01:08
User entered '27 Jul 2020 13:01'	System	27 Jul 2020 17:01:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 12:29'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 14:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 1, after vaccination (at home)'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:19:46', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '687b2c0e-1992-4595-a565-4cb84112ecf5'	System	28 Jul 2020 00:19:56
User entered 'Yes (Y)'	System	28 Jul 2020 00:19:56

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:19:50', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '687b2c0e-1992-4595-a565-4cb84112ecf5'	System	28 Jul 2020 00:19:56
User entered '98.4'	System	28 Jul 2020 00:19:56

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:19:52', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '687b2c0e-1992-4595-a565-4cb84112ecf5'	System	28 Jul 2020 00:19:56
User entered 'No (N)'	System	28 Jul 2020 00:19:56

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:19:54', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '687b2c0e-1992-4595-a565-4cb84112ecf5'	System	28 Jul 2020 00:19:56
User entered '27 Jul 2020 20:19'	System	28 Jul 2020 00:19:56

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 15:54'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 2'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:18', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '271f85c7-5487-4cdc-adb5-7056781c55e2'	System	28 Jul 2020 23:04:36
User entered 'Yes (Y)'	System	28 Jul 2020 23:04:36

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:22', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '271f85c7-5487-4cdc-adb5-7056781c55e2' User entered '101.7'	System	28 Jul 2020 23:04:36

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:25', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '271f85c7-5487-4cdc-adb5-7056781c55e2'	System	28 Jul 2020 23:04:36
User entered 'Yes (Y)'	System	28 Jul 2020 23:04:36

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'updated' (Site from System).	(b) (4), (b) (6)	14 Sep 2020 17:20:10
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:30', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '271f85c7-5487-4cdc-adb5-7056781c55e2'	Shanice Bennett (b) (4)	10 Sep 2020 18:36:58
User entered '1'	System	28 Jul 2020 23:04:36

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:30', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '271f85c7-5487-4cdc-adb5-7056781c55e2' User entered '0'	System	28 Jul 2020 23:04:36
	System	28 Jul 2020 23:04:36

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:33', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '271f85c7-5487-4cdc-adb5-7056781c55e2'	System	28 Jul 2020 23:04:36
User entered '28 Jul 2020 19:04'	System	28 Jul 2020 23:04:36

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 3'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:22:48', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '7d1ab8cd-2057-48da-b9d7-79c2ed2a3f29'	System	30 Jul 2020 01:23:09
User entered 'Yes (Y)'	System	30 Jul 2020 01:23:09

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:22:53', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '7d1ab8cd-2057-48da-b9d7-79c2ed2a3f29'	System	30 Jul 2020 01:23:09
User entered '99.7'	System	30 Jul 2020 01:23:09

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:00', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '7d1ab8cd-2057-48da-b9d7-79c2ed2a3f29'	System	30 Jul 2020 01:23:09
User entered 'Yes (Y)'	System	30 Jul 2020 01:23:09

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'updated' (Site from System).	(b) (4), (b) (6) [REDACTED]	14 Sep 2020 17:20:15
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:03', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '7d1ab8cd-2057-48da-b9d7-79c2ed2a3f29' User entered '1'	Shanice Bennett (b) (4) [REDACTED]	10 Sep 2020 18:37:12
	System	30 Jul 2020 01:23:09
	System	30 Jul 2020 01:23:09
	System	30 Jul 2020 01:23:09

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:03', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '7d1ab8cd-2057-48da-b9d7-79c2ed2a3f29' User entered '0'	System	30 Jul 2020 01:23:09
	System	30 Jul 2020 01:23:09

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:06', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '7d1ab8cd-2057-48da-b9d7-79c2ed2a3f29'	System	30 Jul 2020 01:23:09
User entered '29 Jul 2020 21:23'	System	30 Jul 2020 01:23:09

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 4'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:42', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '120bd97c-29ed-4904-8d03-57b6ef7cdd28'	System	30 Jul 2020 23:59:54
User entered 'Yes (Y)'	System	30 Jul 2020 23:59:54

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:45', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '120bd97c-29ed-4904-8d03-57b6ef7cdd28'	System	30 Jul 2020 23:59:54
User entered '99.1'	System	30 Jul 2020 23:59:54

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:47', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '120bd97c-29ed-4904-8d03-57b6ef7cdd28'	System	30 Jul 2020 23:59:54
User entered 'Yes (Y)'	System	30 Jul 2020 23:59:54

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'updated' (Site from System).	(b) (4), (b) (6)	14 Sep 2020 17:20:19
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:49', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '120bd97c-29ed-4904-8d03-57b6ef7cdd28'	Shanice Bennett (b) (4)	10 Sep 2020 18:37:20
User entered '1'	System	30 Jul 2020 23:59:54

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:49', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '120bd97c-29ed-4904-8d03-57b6ef7cdd28'	System	30 Jul 2020 23:59:54
User entered '0'	System	30 Jul 2020 23:59:54

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:51', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '120bd97c-29ed-4904-8d03-57b6ef7cdd28'	System	30 Jul 2020 23:59:54
User entered '30 Jul 2020 19:59'	System	30 Jul 2020 23:59:54

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 5'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:09', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b11d3c06-bd24-4d1c-9cc9-9f9be37bb69d'	System	01 Aug 2020 10:02:26
User entered 'Yes (Y)'	System	01 Aug 2020 10:02:26

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:14', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b11d3c06-bd24-4d1c-9cc9-9f9be37bb69d'	System	01 Aug 2020 10:02:26
User entered '98.3'	System	01 Aug 2020 10:02:26

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:19', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b11d3c06-bd24-4d1c-9cc9-9f9be37bb69d'	System	01 Aug 2020 10:02:26
User entered 'Yes (Y)'	System	01 Aug 2020 10:02:26

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:22', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b11d3c06-bd24-4d1c-9cc9-9f9be37bb69d' User entered '0'	System	01 Aug 2020 10:02:26
	System	01 Aug 2020 10:02:26

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to prevent pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	14 Sep 2020 17:20:24
Query 'Per the participant response, medication was taken to prevent pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'updated' (Site from System).	Shanice Bennett (b) (4)	10 Sep 2020 18:37:40
User opened query 'Per the participant response, medication was taken to prevent pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	01 Aug 2020 10:02:26
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:22', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b11d3c06-bd24-4d1c-9cc9-9f9be37bb69d'	System	01 Aug 2020 10:02:26
User entered '1'	System	01 Aug 2020 10:02:26

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:24', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b11d3c06-bd24-4d1c-9cc9-9f9be37bb69d'	System	01 Aug 2020 10:02:26
User entered '01 Aug 2020 06:02'	System	01 Aug 2020 10:02:26

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 6'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:43', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b2ea656b-ca47-4d50-bc17-654833061480'	System	02 Aug 2020 04:08:55
User entered 'Yes (Y)'	System	02 Aug 2020 04:08:55

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:48', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b2ea656b-ca47-4d50-bc17-654833061480'	System	02 Aug 2020 04:08:55
User entered '97.8'	System	02 Aug 2020 04:08:55

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:50', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b2ea656b-ca47-4d50-bc17-654833061480'	System	02 Aug 2020 04:08:55
User entered 'No (N)'	System	02 Aug 2020 04:08:55

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:52', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'b2ea656b-ca47-4d50-bc17-654833061480'	System	02 Aug 2020 04:08:55
User entered '02 Aug 2020 00:08'	System	02 Aug 2020 04:08:55

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 7'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:02', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'a7acc9ad-2028-49f2-bf33-4125567b342e'	System	03 Aug 2020 04:48:10
User entered 'Yes (Y)'	System	03 Aug 2020 04:48:10

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:05', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'a7acc9ad-2028-49f2-bf33-4125567b342e'	System	03 Aug 2020 04:48:10
User entered '97.8'	System	03 Aug 2020 04:48:10

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:07', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'a7acc9ad-2028-49f2-bf33-4125567b342e'	System	03 Aug 2020 04:48:10
User entered 'No (N)'	System	03 Aug 2020 04:48:10

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:08', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'a7acc9ad-2028-49f2-bf33-4125567b342e'	System	03 Aug 2020 04:48:10
User entered '03 Aug 2020 00:48'	System	03 Aug 2020 04:48:10

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:18', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '9fdfae6c-499d-4d8d-aaa9-53e1c4e3e686'	System	27 Jul 2020 17:01:35
User entered 'None (1)'	System	27 Jul 2020 17:01:35

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:25', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '9fdfae6c-499d-4d8d-aaa9-53e1c4e3e686'	System	27 Jul 2020 17:01:35
User entered 'No (N)'	System	27 Jul 2020 17:01:35

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:26', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '9fdfae6c-499d-4d8d-aaa9-53e1c4e3e686'	System	27 Jul 2020 17:01:35
User entered 'No (N)'	System	27 Jul 2020 17:01:35

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:29', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '9fdfae6c-499d-4d8d-aaa9-53e1c4e3e686'	System	27 Jul 2020 17:01:35
User entered 'None (1)'	System	27 Jul 2020 17:01:35

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:31', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '9fdfae6c-499d-4d8d-aaa9-53e1c4e3e686'	System	27 Jul 2020 17:01:35
User entered '27 Jul 2020 13:01'	System	27 Jul 2020 17:01:35

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 12:29'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 14:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 1, after vaccination (at home)'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:09', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '18be2bb3-109f-4746-8854-e7ee82c42c6f'	System	28 Jul 2020 00:20:29
User entered 'Does not interfere with activity (2)'	System	28 Jul 2020 00:20:29

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:13', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '18be2bb3-109f-4746-8854-e7ee82c42c6f'	System	28 Jul 2020 00:20:29
User entered 'No (N)'	System	28 Jul 2020 00:20:29

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:15', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '18be2bb3-109f-4746-8854-e7ee82c42c6f'	System	28 Jul 2020 00:20:29
User entered 'No (N)'	System	28 Jul 2020 00:20:29

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:18', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '18be2bb3-109f-4746-8854-e7ee82c42c6f'	System	28 Jul 2020 00:20:29
User entered 'None (1)'	System	28 Jul 2020 00:20:29

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:24', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '18be2bb3-109f-4746-8854-e7ee82c42c6f'	System	28 Jul 2020 00:20:29
User entered '27 Jul 2020 20:20'	System	28 Jul 2020 00:20:29

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 15:54'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 2'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:50', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '80bf70d3-6602-42cc-a5ec-d35d3156cb0d'	System	28 Jul 2020 23:05:12
User entered 'Does not interfere with activity (2)'	System	28 Jul 2020 23:05:12

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:04:52', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '80bf70d3-6602-42cc-a5ec-d35d3156cb0d'	System	28 Jul 2020 23:05:12
User entered 'No (N)'	System	28 Jul 2020 23:05:12

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:01', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '80bf70d3-6602-42cc-a5ec-d35d3156cb0d'	System	28 Jul 2020 23:05:12
User entered 'No (N)'	System	28 Jul 2020 23:05:12

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:08', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '80bf70d3-6602-42cc-a5ec-d35d3156cb0d'	System	28 Jul 2020 23:05:12
User entered 'None (1)'	System	28 Jul 2020 23:05:12

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:11', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '80bf70d3-6602-42cc-a5ec-d35d3156cb0d'	System	28 Jul 2020 23:05:12
User entered '28 Jul 2020 19:05'	System	28 Jul 2020 23:05:12

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 3'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:09', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd586add0-d78f-4ea0-b033-972238c3f3fa'	System	30 Jul 2020 01:23:20
User entered 'Does not interfere with activity (2)'	System	30 Jul 2020 01:23:20

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:11', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd586add0-d78f-4ea0-b033-972238c3f3fa'	System	30 Jul 2020 01:23:20
User entered 'No (N)'	System	30 Jul 2020 01:23:20

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:14', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd586add0-d78f-4ea0-b033-972238c3f3fa'	System	30 Jul 2020 01:23:20
User entered 'No (N)'	System	30 Jul 2020 01:23:20

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:16', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd586add0-d78f-4ea0-b033-972238c3f3fa'	System	30 Jul 2020 01:23:20
User entered 'None (1)'	System	30 Jul 2020 01:23:20

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:18', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd586add0-d78f-4ea0-b033-972238c3f3fa'	System	30 Jul 2020 01:23:20
User entered '29 Jul 2020 21:23'	System	30 Jul 2020 01:23:20

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 4'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:55', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '5a38c253-7b2c-4c77-a5cb-9309f730131e'	System	31 Jul 2020 00:00:07
User entered 'None (1)'	System	31 Jul 2020 00:00:07

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:57', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '5a38c253-7b2c-4c77-a5cb-9309f730131e'	System	31 Jul 2020 00:00:07
User entered 'No (N)'	System	31 Jul 2020 00:00:07

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:58', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '5a38c253-7b2c-4c77-a5cb-9309f730131e'	System	31 Jul 2020 00:00:07
User entered 'No (N)'	System	31 Jul 2020 00:00:07

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T19:59:59', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '5a38c253-7b2c-4c77-a5cb-9309f730131e'	System	31 Jul 2020 00:00:07
User entered 'None (1)'	System	31 Jul 2020 00:00:07

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:03', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '5a38c253-7b2c-4c77-a5cb-9309f730131e'	System	31 Jul 2020 00:00:07
User entered '30 Jul 2020 20:00'	System	31 Jul 2020 00:00:07

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 5'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:27', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '70b352c5-df1e-4fd2-900d-8c0c58d91483'	System	01 Aug 2020 10:02:37
User entered 'None (1)'	System	01 Aug 2020 10:02:37

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:29', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '70b352c5-df1e-4fd2-900d-8c0c58d91483'	System	01 Aug 2020 10:02:37
User entered 'No (N)'	System	01 Aug 2020 10:02:37

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:31', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '70b352c5-df1e-4fd2-900d-8c0c58d91483'	System	01 Aug 2020 10:02:37
User entered 'No (N)'	System	01 Aug 2020 10:02:37

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:34', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '70b352c5-df1e-4fd2-900d-8c0c58d91483'	System	01 Aug 2020 10:02:37
User entered 'None (1)'	System	01 Aug 2020 10:02:37

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:36', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '70b352c5-df1e-4fd2-900d-8c0c58d91483'	System	01 Aug 2020 10:02:37
User entered '01 Aug 2020 06:02'	System	01 Aug 2020 10:02:37

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 6'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:55', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '4af9bc16-e448-40e9-a518-1943162fce94'	System	02 Aug 2020 04:09:06
User entered 'None (1)'	System	02 Aug 2020 04:09:06

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:56', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '4af9bc16-e448-40e9-a518-1943162fce94'	System	02 Aug 2020 04:09:06
User entered 'No (N)'	System	02 Aug 2020 04:09:06

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:58', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '4af9bc16-e448-40e9-a518-1943162fce94'	System	02 Aug 2020 04:09:06
User entered 'No (N)'	System	02 Aug 2020 04:09:06

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:08:59', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '4af9bc16-e448-40e9-a518-1943162fce94'	System	02 Aug 2020 04:09:06
User entered 'None (1)'	System	02 Aug 2020 04:09:06

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:02', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '4af9bc16-e448-40e9-a518-1943162fce94'	System	02 Aug 2020 04:09:06
User entered '02 Aug 2020 00:09'	System	02 Aug 2020 04:09:06

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 7'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:11', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '40f8e61f-c141-4f27-b55d-c33982eede04'	System	03 Aug 2020 04:48:21
User entered 'None (1)'	System	03 Aug 2020 04:48:21

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:13', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '40f8e61f-c141-4f27-b55d-c33982eede04'	System	03 Aug 2020 04:48:21
User entered 'No (N)'	System	03 Aug 2020 04:48:21

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:15', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '40f8e61f-c141-4f27-b55d-c33982eede04'	System	03 Aug 2020 04:48:21
User entered 'No (N)'	System	03 Aug 2020 04:48:21

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:16', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '40f8e61f-c141-4f27-b55d-c33982eede04'	System	03 Aug 2020 04:48:21
User entered 'None (1)'	System	03 Aug 2020 04:48:21

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:18', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '40f8e61f-c141-4f27-b55d-c33982eede04'	System	03 Aug 2020 04:48:21
User entered '03 Aug 2020 00:48'	System	03 Aug 2020 04:48:21

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:36', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered 'None (0)'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:38', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered 'None (0)'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:39', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered 'None (0)'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:40', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered 'None (0)'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:42', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered 'None (0)'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:43', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered 'None (0)'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:47', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered 'No (N)'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T13:01:49', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c90079b9-9c50-41fe-9a0b-bdb398c754ee'	System	27 Jul 2020 17:01:51
User entered '27 Jul 2020 13:01'	System	27 Jul 2020 17:01:51

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 12:29'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 14:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 1, after vaccination (at home)'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:29', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered 'None (0)'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:31', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered 'None (0)'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:32', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered 'None (0)'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:34', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered 'None (0)'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:35', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered 'None (0)'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:36', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered 'None (0)'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:39', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered 'No (N)'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-27T20:20:40', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '43a136ea-c6de-4d8a-9528-9a6d4aea8fe1'	System	28 Jul 2020 00:20:46
User entered '27 Jul 2020 20:20'	System	28 Jul 2020 00:20:46

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 15:54'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 2'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Per Diary Dose 1 Day 2 Headache (General) = Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity, however, there is no corresponding Conmed recorded that matches this information in the ConMed eCRF page. Please reconcile and update to record the medication given as appropriate, otherwise clarify.' (Site from DM).	(b) (4), (b) (6)	11 Sep 2020 13:04:42
Query 'Per DM CLR: Per Diary Dose 1 Day 2 Headache (General) = Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity, however, there is no corresponding Conmed recorded that matches this information in the ConMed eCRF page. Please reconcile and update to record the medication given as appropriate, otherwise clarify.' answered with 'updated' (Site from DM).	Shanice Bennett (b) (4)	10 Sep 2020 17:51:15
User opened query 'Per DM CLR: Per Diary Dose 1 Day 2 Headache (General) = Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity, however, there is no corresponding Conmed recorded that matches this information in the ConMed eCRF page. Please reconcile and update to record the medication given as appropriate, otherwise clarify.' (Site from DM).	(b) (4), (b) (6)	03 Sep 2020 08:40:12
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:16', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:22', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered 'Significant; prevents daily activity (3)'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:26', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered 'Some interference with activity (2)'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:29', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered 'None (0)'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:33', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered 'None (0)'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:36', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered 'No interference with activity (1)'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:39', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered 'No (N)'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-28T19:05:41', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '2a044aa4-c60f-4df6-b60d-ae97231a5751'	System	28 Jul 2020 23:05:44
User entered '28 Jul 2020 19:05'	System	28 Jul 2020 23:05:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 3'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:22', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered 'No interference with activity (1)'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:24', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered 'None (0)'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:27', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered 'None (0)'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:29', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered 'None (0)'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:31', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered 'None (0)'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:33', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered 'None (0)'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:37', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered 'No (N)'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-29T21:23:39', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '96ece6e5-8838-4a92-b59e-541f4d555938'	System	30 Jul 2020 01:23:44
User entered '29 Jul 2020 21:23'	System	30 Jul 2020 01:23:44

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 4'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:07', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered 'No interference with activity (1)'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:08', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered 'None (0)'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:10', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered 'None (0)'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:11', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered 'None (0)'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:12', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered 'None (0)'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:13', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered 'None (0)'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:15', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered 'No (N)'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-07-30T20:00:17', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '8ae95d68-d6b2-4c74-8528-dad82fe3db54'	System	31 Jul 2020 00:00:19
User entered '30 Jul 2020 20:00'	System	31 Jul 2020 00:00:19

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 5'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:01:47', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered 'None (0)'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:01:50', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered 'None (0)'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:01:52', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered 'None (0)'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:01:54', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered 'None (0)'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:01:55', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered 'None (0)'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:01:57', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered 'None (0)'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:00', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered 'No (N)'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-01T06:02:02', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'f15b8b03-5b79-492f-bee5-6dd939d212d4'	System	01 Aug 2020 10:02:06
User entered '01 Aug 2020 06:02'	System	01 Aug 2020 10:02:06

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Jul 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 6'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:04', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered 'None (0)'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:05', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered 'None (0)'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:08', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered 'None (0)'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:09', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered 'None (0)'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:10', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered 'None (0)'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:11', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered 'None (0)'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:12', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered 'No (N)'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-02T00:09:14', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'd751b61c-91c1-4b0c-a987-b8084513e4b9'	System	02 Aug 2020 04:09:16
User entered '02 Aug 2020 00:09'	System	02 Aug 2020 04:09:16

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Aug 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 7'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:21', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered 'None (0)'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:22', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered 'None (0)'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:23', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered 'None (0)'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:24', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered 'None (0)'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:25', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered 'None (0)'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:26', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered 'None (0)'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:27', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered 'No (N)'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-08-03T00:48:29', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '61cb6a06-4519-449b-a4cf-1c8f62d601ab'	System	03 Aug 2020 04:48:31
User entered '03 Aug 2020 00:48'	System	03 Aug 2020 04:48:31

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020 12:00'	System	27 Jul 2020 16:56:08

US3022012

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 08:39:22

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 11:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 18:55:19

US3022012

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 18:55:19

US3022012

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 18:55:19

US3022012

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 18:55:19

US3022012

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 18:55:23

US3022012

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	04 Aug 2020 18:55:23

US3022012

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	05 Oct 2020 12:16:01
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Oct 2020 12:10:07

US3022012

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Date of Contact or Contact Attempt \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	05 Oct 2020 12:16:01
User entered empty.	Shanice Bennett (b) (4)	05 Oct 2020 12:10:07

US3022012

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Shanice Bennett (b) (4)	05 Oct 2020 12:16:01
reason for change: Data Entry Error	(b) (4)	
User entered empty.	Shanice Bennett (b) (4)	05 Oct 2020 12:10:07
	(b) (4)	

US3022012

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:07

US3022012

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:19

US3022012

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	05 Oct 2020 12:10:19

US3022012

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:25

US3022012

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:25

US3022012

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:25

US3022012

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:25

US3022012

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:31

US3022012

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	05 Oct 2020 12:10:31

US3022012

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:53

US3022012

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:53

US3022012

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:53

US3022012

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	05 Oct 2020 12:10:53

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Pulse (xxx)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Pulse (xxx)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:10:59

US3022012

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:03

US3022012

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:03

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[If No, reason not given](#)

Audit	User	Time (GMT)
User closed query 'Was study treatment given? is No, System however If No, reason not given is not provided. Please review and reconcile.' (Site from System).		05 Oct 2020 12:11:16
User entered 'Confirmed COVID-19 (COVID)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	05 Oct 2020 12:11:16
User opened query 'Was study treatment given? is No, however If No, reason not given is not provided. Please review and reconcile.' (Site from System).	System	05 Oct 2020 12:11:08
User entered empty.	Shanice Bennett (b) (4)	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 08:39:22

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:11:08

US3022012

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:20

US3022012

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:20

US3022012

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:20

US3022012

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:11:20

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 08:39:22

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Shanice Bennett (b) (4)	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Shanice Bennett (b) (4)	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	System	05 Oct 2020 12:11:27

US3022012

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:11:31

US3022012

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Oct 2020 12:11:31

US3022012

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:13

US3022012

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:13

US3022012

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:13

US3022012

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:13

US3022012

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:20

US3022012

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	10 Nov 2020 13:54:20

US3022012

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:51

US3022012

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:51

US3022012

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:51

US3022012

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:54:51

US3022012

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Nov 2020 13:55:03
User entered 'No (N)'	Shanice Bennett (b) (4)	10 Nov 2020 13:54:55

US3022012

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	10 Nov 2020 13:55:03
User entered empty.	System	10 Nov 2020 13:54:55

US3022012

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:55:10

US3022012

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:55:10

US3022012

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:55:10

US3022012

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 08:39:22

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:55:10

US3022012

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Nov 2020 13:55:22
User entered 'No (N)'	Shanice Bennett (b) (4)	10 Nov 2020 13:55:16

US3022012

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	10 Nov 2020 13:55:22
User entered empty.	System	10 Nov 2020 13:55:16

US3022012

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:57:27

US3022012

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '23 Oct 2020'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:57:27

US3022012

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:57:27

US3022012

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	10 Nov 2020 13:57:27

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Oct 2020'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '14:29'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '23 Oct 2020 14:29'	System	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '36.6' C	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '85'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '15'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '135'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '82'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Nov 2020 13:58:00

US3022012

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:17

US3022012

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Oct 2020'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:17

US3022012

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:29

US3022012

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Oct 2020'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:29

US3022012

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '14:35'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:29

US3022012

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered '23 Oct 2020 14:35'	System	10 Nov 2020 13:58:29

US3022012

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	10 Nov 2020 13:58:33

US3022012

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 08:39:22

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	10 Nov 2020 13:58:33

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 64'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-09-26T09:58:27', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '6d7ce640-639c-49f4-bd5c-0a7abca8a908'	System	26 Sep 2020 13:58:45
User entered 'No (N)'	System	26 Sep 2020 13:58:45

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Have you been exposed to someone with 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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-09-26T09:58:32', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '6d7ce640-639c-49f4-bd5c-0a7abca8a908'	System	26 Sep 2020 13:58:45
User entered 'No (N)'	System	26 Sep 2020 13:58:45

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-09-26T09:58:42', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '6d7ce640-639c-49f4-bd5c-0a7abca8a908'	System	26 Sep 2020 13:58:45
User entered '26 Sep 2020 09:58:42'	System	26 Sep 2020 13:58:45

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '26 Sep 2020 00:01'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '30 Sep 2020 23:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 71'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-05T18:53:02', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '1f0b9c88-1c50-4a81-bcaf-7c94d6653efd' User entered 'No (N)'	System	05 Oct 2020 22:53:12

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Have you been exposed to someone with 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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-05T18:53:06', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '1f0b9c88-1c50-4a81-bcaf-7c94d6653efd' User entered 'No (N)'	System	05 Oct 2020 22:53:12

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-05T18:53:08', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '1f0b9c88-1c50-4a81-bcaf-7c94d6653efd' User entered '05 Oct 2020 18:53:08'	System	05 Oct 2020 22:53:12

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '03 Oct 2020 00:01'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '07 Oct 2020 23:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 78'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-14T11:59:20', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fb8aaea0-51ae-480e-857d-b98985bb963d'	System	14 Oct 2020 15:59:28
User entered 'No (N)'	System	14 Oct 2020 15:59:28

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Have you been exposed to someone with 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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-14T11:59:22', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fb8aaea0-51ae-480e-857d-b98985bb963d'	System	14 Oct 2020 15:59:28
User entered 'No (N)'	System	14 Oct 2020 15:59:28

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-14T11:59:25', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fb8aaea0-51ae-480e-857d-b98985bb963d' User entered '14 Oct 2020 11:59:25'	System	14 Oct 2020 15:59:28
	System	14 Oct 2020 15:59:28

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '10 Oct 2020 00:01'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '14 Oct 2020 23:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 92'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-27T14:08:08', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fc5c091b-291b-4f77-81cd-f30c783df9ec'	System	27 Oct 2020 18:08:14
User entered 'No (N)'	System	27 Oct 2020 18:08:14

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Have you been exposed to someone with 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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-27T14:08:10', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fc5c091b-291b-4f77-81cd-f30c783df9ec'	System	27 Oct 2020 18:08:14
User entered 'No (N)'	System	27 Oct 2020 18:08:14

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-10-27T14:08:13', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fc5c091b-291b-4f77-81cd-f30c783df9ec'	System	27 Oct 2020 18:08:14
User entered '27 Oct 2020 14:08:13'	System	27 Oct 2020 18:08:14

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '24 Oct 2020 00:01'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '28 Oct 2020 23:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 99'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-03T17:54:50', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '62aba1cb-d8ff-477f-b3bc-fff43c171fff'	System	03 Nov 2020 22:55:01
User entered 'No (N)'	System	03 Nov 2020 22:55:01

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Have you been exposed to someone with 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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-03T17:54:53', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '62aba1cb-d8ff-477f-b3bc-fff43c171fff'	System	03 Nov 2020 22:55:01
User entered 'No (N)'	System	03 Nov 2020 22:55:01

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-03T17:54:58', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: '62aba1cb-d8ff-477f-b3bc-fff43c171fff' User entered '03 Nov 2020 17:54:58'	System	03 Nov 2020 22:55:01
	System	03 Nov 2020 22:55:01

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '31 Oct 2020 00:01'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '04 Nov 2020 23:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 106'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-11T12:05:43', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c5ff5a18-392e-459e-b322-881bc66e44c7'	System	11 Nov 2020 17:05:52
User entered 'No (N)'	System	11 Nov 2020 17:05:52

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Have you been exposed to someone with 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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-11T12:05:44', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c5ff5a18-392e-459e-b322-881bc66e44c7'	System	11 Nov 2020 17:05:52
User entered 'No (N)'	System	11 Nov 2020 17:05:52

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-11T12:05:46', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'c5ff5a18-392e-459e-b322-881bc66e44c7'	System	11 Nov 2020 17:05:52
User entered '11 Nov 2020 12:05:46'	System	11 Nov 2020 17:05:52

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '07 Nov 2020 00:01'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '11 Nov 2020 23:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered 'Day 113'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-14T00:06:04', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fae4feea-0f4d-47d7-9f5c-5451dbfac5c6'	System	14 Nov 2020 05:06:13
User entered 'No (N)'	System	14 Nov 2020 05:06:13

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

Have you been exposed to someone with 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 (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-14T00:06:06', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fae4feea-0f4d-47d7-9f5c-5451dbfac5c6'	System	14 Nov 2020 05:06:13
User entered 'No (N)'	System	14 Nov 2020 05:06:13

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E4A5FDE5-6726-40A3-A45C-7AD88A8347D8)', Time: '2020-11-14T00:06:09', User OID: 'PatientReportedOutcome (US3022012)', ODM File OID: 'fae4feea-0f4d-47d7-9f5c-5451dbfac5c6'	System	14 Nov 2020 05:06:13
User entered '14 Nov 2020 00:06:09'	System	14 Nov 2020 05:06:13

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '14 Nov 2020 00:01'	System	27 Jul 2020 16:56:08

US3022012

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	27 Jul 2020 16:56:08
User entered '18 Nov 2020 23:59'	System	27 Jul 2020 16:56:08

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 61'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '23 Sep 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Sep 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 68'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '30 Sep 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '04 Oct 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 75'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Oct 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '11 Oct 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 82'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Oct 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '18 Oct 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 89'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Oct 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '25 Oct 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 96'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Oct 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '01 Nov 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '04 Nov 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '08 Nov 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '11 Nov 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '15 Nov 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '18 Nov 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '22 Nov 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '25 Nov 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '29 Nov 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '02 Dec 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Dec 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '09 Dec 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Dec 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '16 Dec 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Dec 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '23 Dec 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Dec 2020 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '30 Dec 2020 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Jan 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Jan 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Jan 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Jan 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Jan 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Jan 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Jan 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Jan 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '31 Jan 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Feb 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Feb 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Feb 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Feb 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Feb 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Feb 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Feb 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Feb 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Mar 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Mar 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Mar 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Mar 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Mar 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Mar 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Mar 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Mar 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '31 Mar 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '04 Apr 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Apr 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '11 Apr 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Apr 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '18 Apr 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Apr 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '25 Apr 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Apr 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '02 May 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '05 May 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '09 May 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '12 May 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '16 May 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '19 May 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '23 May 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '26 May 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '30 May 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '02 Jun 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Jun 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '09 Jun 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Jun 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '16 Jun 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Jun 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '23 Jun 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Jun 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '30 Jun 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '04 Jul 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Jul 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '11 Jul 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Jul 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '18 Jul 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Jul 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '25 Jul 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Jul 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '01 Aug 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '04 Aug 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '08 Aug 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '11 Aug 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '15 Aug 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '18 Aug 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '22 Aug 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '25 Aug 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '29 Aug 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '01 Sep 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '05 Sep 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '08 Sep 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '12 Sep 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '15 Sep 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '19 Sep 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '22 Sep 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '26 Sep 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '29 Sep 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Oct 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Oct 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Oct 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Oct 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Oct 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Oct 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Oct 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Oct 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '31 Oct 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Nov 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Nov 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Nov 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Nov 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Nov 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Nov 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Nov 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Nov 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '01 Dec 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '05 Dec 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '08 Dec 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '12 Dec 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '15 Dec 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '19 Dec 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '22 Dec 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '26 Dec 2021 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '29 Dec 2021 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '02 Jan 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '05 Jan 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '09 Jan 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '12 Jan 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '16 Jan 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '19 Jan 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '23 Jan 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '26 Jan 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '30 Jan 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '02 Feb 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Feb 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '09 Feb 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Feb 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '16 Feb 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Feb 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '23 Feb 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Feb 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '02 Mar 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Mar 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '09 Mar 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Mar 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '16 Mar 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Mar 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '23 Mar 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Mar 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '30 Mar 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Apr 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Apr 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Apr 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Apr 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Apr 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Apr 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Apr 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Apr 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '01 May 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '04 May 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '08 May 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '11 May 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '15 May 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '18 May 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '22 May 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '25 May 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '29 May 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '01 Jun 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '05 Jun 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '08 Jun 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '12 Jun 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '15 Jun 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '19 Jun 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '22 Jun 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '26 Jun 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '29 Jun 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Jul 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '06 Jul 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Jul 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '13 Jul 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Jul 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '20 Jul 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Jul 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '27 Jul 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '31 Jul 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '03 Aug 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Aug 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '10 Aug 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Aug 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '17 Aug 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Aug 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '24 Aug 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Aug 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '31 Aug 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '04 Sep 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '07 Sep 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '11 Sep 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '14 Sep 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '18 Sep 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '21 Sep 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '25 Sep 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '28 Sep 2022 00:01'	System	19 Nov 2020 02:02:33

US3022012

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 08:39:22

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:02:33
Amendment Manager: User entered '02 Oct 2022 23:59'	System	19 Nov 2020 02:02:33

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:10:42
User closed query 'Per source contact was made 03Aug20. Please confirm with source and update.' (Site from CRA).	(b) (4), (b) (6)	17 Nov 2020 01:09:38
Query 'Per source contact was made 03Aug20. Please confirm with source and update.' answered with 'UPDATED' (Site from CRA).	Shanice Bennett (b) (4)	13 Nov 2020 14:46:37
User entered '03 Aug 2020' reason for change: Data Entry Error	(b) (4)	13 Nov 2020 14:46:31
User opened query 'Per source contact was made 03Aug20. Please confirm with source and update.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 15:57:06
DataPoint Un-verified.	(b) (4), (b) (6)	10 Nov 2020 21:53:40
DataPoint Verified.	(b) (4), (b) (6)	10 Nov 2020 21:27:32
User entered '04 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	03 Nov 2020 21:34:11
User entered '06 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	24 Aug 2020 20:16:06
User entered '05 Aug 2020'	Shanice Bennett (b) (4)	05 Aug 2020 18:00:32

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Time of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:10:41
User closed query 'Per source time of contact is 15:14 on 03Aug20. Please confirm with source and update.' (Site from CRA).	(b) (4), (b) (6)	17 Nov 2020 01:09:40
Query 'Per source time of contact is 15:14 on 03Aug20. Please confirm with source and update.' answered with 'UPDATED' (Site from CRA).	Shanice Bennett (b) (4)	13 Nov 2020 14:46:44
User entered '15:14' reason for change: Data Entry Error	(b) (4)	13 Nov 2020 14:46:31
User opened query 'Per source time of contact is 15:14 on 03Aug20. Please confirm with source and update.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 15:58:51
DataPoint Un-verified.	(b) (4), (b) (6)	10 Nov 2020 21:53:43
DataPoint Verified.	(b) (4), (b) (6)	10 Nov 2020 21:27:34
User entered '09:30' reason for change: Data Entry Error	Shanice Bennett (b) (4)	03 Nov 2020 21:34:11
User entered '07:32' reason for change: Data Entry Error	Shanice Bennett (b) (4)	24 Aug 2020 20:16:06
User entered '13:27'	Shanice Bennett (b) (4)	05 Aug 2020 18:00:32

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '03 Aug 2020 15:14'	System	13 Nov 2020 14:46:31
User entered '04 Aug 2020 09:30'	System	03 Nov 2020 21:34:11
User entered '06 Aug 2020 07:32'	System	24 Aug 2020 20:16:06
User entered '05 Aug 2020 13:27'	System	05 Aug 2020 18:00:32

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Type of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:10:39
DataPoint Un-verified.	(b) (4), (b) (6)	10 Nov 2020 21:53:46
DataPoint Verified.	(b) (4), (b) (6)	10 Nov 2020 21:27:35
User entered 'Safety Call (Safety Call)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	03 Nov 2020 21:34:11
User entered 'Convalescent Tele-visit (Convalescent Tele-visit)'	Shanice Bennett (b) (4)	05 Aug 2020 18:00:32

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 08:39:22

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Nov 2020 00:39:04
User closed query 'Please verify as illness visit was completed on 04Aug2020' (Site from CRA).	(b) (4), (b) (6)	22 Nov 2020 00:39:03
Query 'Please verify as illness visit was completed on 04Aug2020' answered with 'updated' (Site from CRA).	Shanice Bennett (b) (4)	18 Nov 2020 12:44:36
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	18 Nov 2020 12:44:17
User opened query 'Please verify as illness visit was completed on 04Aug2020' (Site from CRA).	(b) (4), (b) (6)	17 Nov 2020 01:10:37
DataPoint Un-verified.	(b) (4), (b) (6)	10 Nov 2020 21:53:48
DataPoint Verified.	(b) (4), (b) (6)	10 Nov 2020 21:27:37
User entered 'No (N)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	24 Aug 2020 20:16:06
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	05 Aug 2020 18:00:32

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 2 (Day 2)'	Shanice Bennett (b) (4) (b) (4)	05 Aug 2020 18:01:20

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

Date

Audit	User	Time (GMT)
User closed query 'Please update symptom day 1 per source subject had a headache on 28,29, and 30 of July. Please update accordingly.' (Site from CRA).	(b) (4), (b) (6)	20 Nov 2020 03:38:11
User closed query 'Per CDM: It appears initial date (05AUG2020) of symptoms is after the Contact date (04AUG2020). Please reconcile or clarify.' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 04:29:18
Query 'Please update symptom day 1 per source subject had a headache on 28,29, and 30 of July. Please update accordingly.' answered with 'UPDATED' (Site from CRA).	Shanice Bennett (b) (4)	13 Nov 2020 14:38:18
Query 'Per CDM: It appears initial date (05AUG2020) of symptoms is after the Contact date (04AUG2020). Please reconcile or clarify.' answered with 'UPDATED' (Site from DM).	Shanice Bennett (b) (4)	13 Nov 2020 14:38:13
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User opened query 'Please update symptom day 1 per source subject had a headache on 28,29, and 30 of July. Please update accordingly.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 16:46:14
User opened query 'Per CDM: It appears initial date (05AUG2020) of symptoms is after the Contact date (04AUG2020). Please reconcile or clarify.' (Site from DM).	(b) (4), (b) (6)	07 Nov 2020 11:11:00
User entered '05 Aug 2020'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	05 Aug 2020 18:01:20

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.5' F	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'Mild (Mild)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	05 Aug 2020 18:01:20
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 3 (Day 3)'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 11:51:57

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '06 Aug 2020'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '96'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	06 Aug 2020 11:51:57

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.9' F	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	06 Aug 2020 11:51:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 4 (Day 4)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:08:37

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '07 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:08:37

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.7' F	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:08:37
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 5 (Day 5)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:09:31

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '08 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

O2 Saturation

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
Query 'Per CDM: it appears subject as <= 93% saturation recorded yet it is recorded as NO for O2 Saturation on the Covid Severity Assessment form. Please reconcile or clarify.' canceled (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 13:54:46
User opened query 'Per CDM: it appears subject as <= 93% saturation recorded yet it is recorded as NO for O2 Saturation on the Covid Severity Assessment form. Please reconcile or clarify.' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 13:54:18
Query 'Per CDM: it appears subject as <= 93% saturation recorded yet it is recorded as NO for O2 Saturation on the Covid Severity Assessment form. Please reconcile or clarify.' canceled (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 13:53:53
User opened query 'Per CDM: it appears subject as <= 93% saturation recorded yet it is recorded as NO for O2 Saturation on the Covid Severity Assessment form. Please reconcile or clarify.' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 13:53:38
User entered '92'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:09:31

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:09:31

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.3' F	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:09:31
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 6 (Day 6)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:11:57

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '09 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:11:57

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99.3' F	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:11:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 7 (Day 7)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:12:54

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '10 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:12:54

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.9' F	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:12:54
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 8 (Day 8)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:13:40

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '11 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:13:40

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.1' F	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:13:40

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 9 (Day 9)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:15:51

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '12 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '96'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:15:51

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.4' F	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:15:51
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 10 (Day 10)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:16:49

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '13 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:16:49

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.9' F	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:16:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 11 (Day 11)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:17:33

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '14 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:17:33

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.3' F	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Field was left as blank, please complete. ' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 14:33:01
Query 'Per CDM: Field was left as blank, please complete. ' answered with 'updated' (Site from DM). DataPoint Un-verified.	Shanice Bennett (b) (4)	20 Nov 2020 15:21:29
	(b) (4)	
	Shanice Bennett (b) (4)	20 Nov 2020 15:21:22
	(b) (4)	
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	20 Nov 2020 15:21:22
	(b) (4)	
User opened query 'Per CDM: Field was left as blank, please complete. ' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 08:25:27
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Field was left as blank, please complete. ' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 14:33:04
Query 'Per CDM: Field was left as blank, please complete. ' answered with 'updated' (Site from DM). DataPoint Un-verified.	Shanice Bennett (b) (4)	20 Nov 2020 15:21:34
	(b) (4)	
	Shanice Bennett (b) (4)	20 Nov 2020 15:21:22
	(b) (4)	
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	20 Nov 2020 15:21:22
	(b) (4)	
User opened query 'Per CDM: Field was left as blank, please complete. ' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 08:25:36
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Field was left as blank, please complete. ' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 14:33:06
Query 'Per CDM: Field was left as blank, please complete. ' answered with 'updated' (Site from DM). DataPoint Un-verified.	Shanice Bennett (b) (4)	20 Nov 2020 15:23:09
	(b) (4)	
	Shanice Bennett (b) (4)	20 Nov 2020 15:21:22
	(b) (4)	
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	20 Nov 2020 15:21:22
	(b) (4)	
User opened query 'Per CDM: Field was left as blank, please complete. ' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 08:25:40
DataPoint Verified.		
	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:17:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 12 (Day 12)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:18:38

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '15 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:18:38

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.3' F	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:18:38
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 13 (Day 13)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:20:44

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '16 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:20:44

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.7' F	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:20:44
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 14 (Day 14)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User closed query 'Data is required. Please complete.' (Site from System).	System	10 Sep 2020 18:23:34
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	10 Sep 2020 18:23:34
User entered '17 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User opened query 'Data is required. Please complete.' (Site from System).	System	10 Sep 2020 18:21:01
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:23:34
User entered empty.	System	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.4' F reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:21:01

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 15 (Day 15)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:23:34

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '18 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:23:34

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.7' F	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 18:23:34

US3022012

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 16 (Day 16)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:24:40

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Form: Symptom Log (15)

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[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '19 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:24:40

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.2' F	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

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Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:24:40
	(b) (4)	

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 17 (Day 17)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:25:32

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '20 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

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Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:25:32

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.9' F	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:25:32
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 18 (Day 18)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:26:33

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '21 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:26:33

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.1' F	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:26:33
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 19 (Day 19)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:27:18

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '22 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:27:18

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.9' F	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:27:18
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 20 (Day 20)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:28:19

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '23 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:28:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.1' F	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:28:19
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 21 (Day 21)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:29:23

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '24 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:29:23

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.8' F	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (20)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:29:23
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 22 (Day 22)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:30:15

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '25 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:30:15

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.1' F	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (21)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:30:15
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 23 (Day 23)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:31:09

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

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[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '26 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:31:09

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.2' F	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (22)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:09
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 24 (Day 24)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:31:57

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '27 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:31:57

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.3' F	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (23)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:31:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 25 (Day 25)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:32:57

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Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '28 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:32:57

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '97.9' F	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Shanice Bennett (b) (4)	13 Nov 2020 14:46:01
	(b) (4)	
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	13 Nov 2020 14:46:01
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (24)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:32:57
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 26 (Day 26)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:33:49

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '29 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:33:49

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.1' F	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Shanice Bennett (b) (4)	13 Nov 2020 14:46:01
	(b) (4)	
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	13 Nov 2020 14:46:01
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (25)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:33:49
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User closed query 'Per CDM (re-query): Response noted, however Day 28 symptoms are not reported, kindly update else clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	19 Nov 2020 11:29:31
Query 'Per CDM (re-query): Response noted, however Day 28 symptoms are not reported, kindly update else clarify. Thank you.' answered with 'updated' (Site from DM).	Shanice Bennett (b) (4)	18 Nov 2020 12:43:17
User opened query 'Per CDM (re-query): Response noted, however Day 28 symptoms are not reported, kindly update else clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 04:31:22
User closed query 'Per CDM; Please confirm no Day 28 symptoms reported or make appropriate updates.' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 04:31:22
Query 'Per CDM; Please confirm no Day 28 symptoms reported or make appropriate updates.' answered with 'UPDATED' (Site from DM).	Shanice Bennett (b) (4)	13 Nov 2020 14:38:38
User opened query 'Per CDM; Please confirm no Day 28 symptoms reported or make appropriate updates.' (Site from DM).	(b) (4), (b) (6)	07 Nov 2020 11:13:57
User entered 'Day 27 (Day 27)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '30 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '99'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	10 Sep 2020 18:34:35

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered '98.3' F	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Shanice Bennett (b) (4)	13 Nov 2020 14:46:01
	(b) (4)	
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	13 Nov 2020 14:46:01
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (26)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:00:35
User entered 'None (None)'	Shanice Bennett (b) (4)	10 Sep 2020 18:34:35
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 1 (Day 1)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered '96'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
User entered '97.5' F	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (27)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	13 Nov 2020 14:37:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 28 (Day 28)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Date](#)

Audit	User	Time (GMT)
User entered '31 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Assessment Not Done](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Temperature](#)

Audit	User	Time (GMT)
User entered '97.9' F	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Chills](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Cough](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Shortness of Breath](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Difficulty Breathing](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Fatigue](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Body Aches](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Headache](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Taste](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[New Loss of Smell](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Nasal Congestion](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Nausea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Vomiting](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Diarrhea](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Symptom Log (30)

Generated On: 26 Nov 2020 08:39:22

[Sore Throat](#)

Audit	User	Time (GMT)
User entered 'None (None)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:43:58

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Visit](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Recon: it appears GCL has a Swab sample with date of 04AUG2020. Please review and reconcile or clarify' (Site from DM).	(b) (4), (b) (6)	19 Nov 2020 10:48:40
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
Query 'Per GCL Lab Recon: it appears GCL has a Swab sample with date of 04AUG2020. Please review and reconcile or clarify' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:39:51
User entered '04 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:39:43
User opened query 'Per GCL Lab Recon: it appears GCL has a Swab sample with date of 04AUG2020. Please review and reconcile or clarify' (Site from DM).	(b) (4), (b) (6)	23 Oct 2020 07:05:22
User entered '05 Aug 2020'	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
Reviewed for Data Management.	(b) (4), (b) (6)	06 Aug 2020 08:05:58
User closed query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' (Site from System).	(b) (4), (b) (6)	06 Aug 2020 06:22:24
Query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' answered with 'positive confirmed AE updated' (Site from System).	Shanice Bennett (b) (4)	05 Aug 2020 18:02:45
User opened query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' (Site from System).	(b) (4)	
User entered 'Yes (Y)'	System	05 Aug 2020 18:02:14
	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Date of Test](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: Please reconcile Date of Test (27JUL2020) and Date of Visit (04AUG2020) or clarify.' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 11:40:13
Query 'Per CDM: Please reconcile Date of Test (27JUL2020) and Date of Visit (04AUG2020) or clarify.' answered with 'UPDATED' (Site from DM). DataPoint Un-verified.	Shanice Bennett (b) (4)	13 Nov 2020 14:36:28
	(b) (4)	
	Shanice Bennett (b) (4)	13 Nov 2020 14:36:22
	(b) (4)	
User entered '04 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	13 Nov 2020 14:36:22
	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
	(b) (4), (b) (6)	
User opened query 'Per CDM: Please reconcile Date of Test (27JUL2020) and Date of Visit (04AUG2020) or clarify.' (Site from DM).	(b) (4), (b) (6)	07 Nov 2020 11:12:18
	(b) (4), (b) (6)	
User entered '27 Jul 2020'	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Type of Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
User entered 'Nasal Swab (Nasal Swab)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	08 Sep 2020 14:22:16
User entered 'Saliva Test (Saliva Test)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	21 Aug 2020 00:04:57
User entered 'Nasal Swab (Nasal Swab)'	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
User entered 'No (N)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	08 Sep 2020 14:22:12
User closed query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	(b) (4)	24 Aug 2020 20:16:51
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	24 Aug 2020 20:16:51
User opened query 'Was this diagnostic test performed at a lab other than the Study Central Lab? is No, however, Lab/ Institution Test Performed and/or CLIA Certified? is provided. Please review and reconcile.' (Site from System).	(b) (4)	24 Aug 2020 20:16:37
User entered 'No (N)'	System	24 Aug 2020 20:16:37
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
User entered empty; reason for change Data Entry Error	Shanice Bennett (b) (4)	08 Sep 2020 14:22:12
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4)	24 Aug 2020 20:16:59
User entered 'ppd' reason for change: Data Entry Error	System	24 Aug 2020 20:16:59
User entered 'ppd' reason for change: Data Entry Error	Shanice Bennett (b) (4)	24 Aug 2020 20:16:59
User opened query 'Data is required. Please provide.' (Site from System).	(b) (4)	24 Aug 2020 20:16:51
User entered empty.	System	24 Aug 2020 20:16:51
	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[CLIA Certified?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:05:52
User entered empty; reason for change Data Entry Error	Shanice Bennett (b) (4)	08 Sep 2020 14:22:12
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	05 Aug 2020 18:02:14

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 08:39:22

[COVID-19 Positive \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
Amendment Manager: User entered 'I'	System	21 Aug 2020 01:01:22
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Respiratory Rates \geq 30 per Minute?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Heart Rate \geq 125 beats per minute

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Heart Rate](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Oxygen Saturation of SpO2 ≤ 93% on room air at sea level?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User closed query 'Per CDM: it appears subject as </= 93% saturation recorded in Symptom Log Day 8 yet it is recorded as NO for O2 Saturation on the Covid Severity Assessment form. Please reconcile or clarify.' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:24:40
Query 'Per CDM: it appears subject as </= 93% saturation recorded in Symptom Log Day 8 yet it is recorded as NO for O2 Saturation on the Covid Severity Assessment form. Please reconcile or clarify.' answered with 'THIS IS CORRECT' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:40:28
User opened query 'Per CDM: it appears subject as </= 93% saturation recorded in Symptom Log Day 8 yet it is recorded as NO for O2 Saturation on the Covid Severity Assessment form. Please reconcile or clarify.' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 13:56:26
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Aug 2020 18:03:40

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Oxygen Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have PaO2/FIO2 Ratio < 300 mm Hg?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Aug 2020 18:03:40

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[PaO2](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Did the subject have Respiratory failure?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Did the subject have Acute Respiratory Distress Syndrome (ARDS)?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[High-Flow Oxygen?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Non-Invasive Ventilation?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Mechanical Ventilation?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[ECMO?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

Systolic Blood Pressure < 90 mmHg, Diastolic Blood Pressure < 60 mmHg

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Evidence of Shock Requires
Vasopressors](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	05 Aug 2020 18:03:40

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Acute Renal Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Hepatic Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Neurologic Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Clinical Evidence](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Date of Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Radiographical Evidence](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Date of Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Admission to an intensive care unit due to SARS-CoV-2](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered 'No (N)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 08:39:22

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:37
User entered empty.	Shanice Bennett (b) (4)	05 Aug 2020 18:03:40
	(b) (4)	

US3022012

Folder: Covid-19 Assessment 03 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 08:39:22

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:06:44
User entered 'No (N)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	08 Sep 2020 14:21:41
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	05 Aug 2020 18:03:53

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User accepted default value 'Day 3 (Day 3)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User closed query 'Data is required. Please complete.' (Site from System).	System	26 Aug 2020 17:08:39
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	26 Aug 2020 17:08:39
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	26 Aug 2020 17:08:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Aug 2020 12:48:23
User entered empty; reason for change Data Entry Error	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:48:23
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Recon: it appears GCL has a Saliva Sample as Unscheduled with date of 31AUG2020. Please review, reconcile if applicable or clarify.' (Site from DM). DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 05:47:56
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
Query 'Per GCL Lab Recon: it appears GCL has a Saliva Sample as Unscheduled with date of 31AUG2020. Please review, reconcile if applicable or clarify.' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User opened query 'Per GCL Lab Recon: it appears GCL has a Saliva Sample as Unscheduled with date of 31AUG2020. Please review, reconcile if applicable or clarify.' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:37:49
User entered '06 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	18 Oct 2020 17:05:49
User entered empty; reason for change Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User entered '06 Aug 2020'	Shanice Bennett (b) (4)	06 Aug 2020 12:48:23
	(b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User accepted default value 'Day 5 (Day 5)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User closed query 'Data is required. Please complete.' (Site from System).	System	26 Aug 2020 17:08:39
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	26 Aug 2020 17:08:39
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Aug 2020 12:47:56
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User entered '08 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User accepted default value 'Day 7 (Day 7)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User closed query 'Data is required. Please complete.' (Site from System).	System	26 Aug 2020 17:08:39
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	26 Aug 2020 17:08:39
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	26 Aug 2020 17:08:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Aug 2020 12:47:56
User entered empty.	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User entered '10 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User accepted default value 'Day 9 (Day 9)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User closed query 'Data is required. Please complete.' (Site from System).	System	26 Aug 2020 17:08:39
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	26 Aug 2020 17:08:39
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Aug 2020 12:47:56
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User entered '12 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User accepted default value 'Day 14 (Day 14)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User closed query 'Data is required. Please complete.' (Site from System).	System	26 Aug 2020 17:08:39
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	26 Aug 2020 17:08:39
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	26 Aug 2020 17:08:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Aug 2020 12:47:56
User entered empty.	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User entered '17 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User accepted default value 'Day 21 (Day 21)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User closed query 'Data is required. Please complete.' (Site from System).	System	26 Aug 2020 17:08:39
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	26 Aug 2020 17:08:39
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User opened query 'Data is required. Please complete.' (Site from System).	System	06 Aug 2020 12:47:56
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation Requery 1:Per response, "Updated", however Saliva sample date 31AUG2020 is still missing in EDC, please verify and update else clarify.Thanks' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 05:48:24
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
Query 'Per GCL Lab Reconciliation Requery 1:Per response, "Updated", however Saliva sample date 31AUG2020 is still missing in EDC, please verify and update else clarify.Thanks' answered with 'updated' (Site from DM).	Shanice Bennett (b) (4)	04 Nov 2020 21:26:16
User opened query 'Per GCL Lab Reconciliation Requery 1:Per response, "Updated", however Saliva sample date 31AUG2020 is still missing in EDC, please verify and update else clarify.Thanks' (Site from DM).	(b) (4), (b) (6)	04 Nov 2020 06:43:23
User closed query 'Per GCL Lab Reconciliation: Saliva: Sample dated 31AUG2020 is reported under Unscheduled in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you. ' (Site from DM).	(b) (4), (b) (6)	04 Nov 2020 06:43:23
Query 'Per GCL Lab Reconciliation: Saliva: Sample dated 31AUG2020 is reported under Unscheduled in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you. ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:37:33
User opened query 'Per GCL Lab Reconciliation: Saliva: Sample dated 31AUG2020 is reported under Unscheduled in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you. ' (Site from DM).	(b) (4), (b) (6)	29 Oct 2020 06:15:25

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User accepted default value 'Day 28 (Day 28)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	04 Nov 2020 21:26:07
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4)	26 Aug 2020 17:08:39
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	26 Aug 2020 17:08:39
User entered 'No (N)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	26 Aug 2020 17:08:39
User opened query 'Data is required. Please complete.' (Site from System).	(b) (4)	06 Aug 2020 12:47:56
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56
	(b) (4)	

US3022012

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Saliva: Sample dated 31AUG2020 is recorded as Illness Visit Day 28 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please confirm the correct Visit in the response and update EDC or PPD portal as appropriate. Thank you.' (Site from DM).	(b) (4), (b) (6)	19 Nov 2020 05:48:09
Query 'Per GCL Lab Reconciliation: Saliva: Sample dated 31AUG2020 is recorded as Illness Visit Day 28 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please confirm the correct Visit in the response and update EDC or PPD portal as appropriate. Thank you.' answered with 'YES, AN UNSCHEUDLED KIT WAS USED. ' (Site from DM).	Shanice Bennett (b) (4)	13 Nov 2020 14:35:45
User opened query 'Per GCL Lab Reconciliation: Saliva: Sample dated 31AUG2020 is recorded as Illness Visit Day 28 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please confirm the correct Visit in the response and update EDC or PPD portal as appropriate. Thank you.' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 06:05:43
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:33
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:09:08
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:30
User entered '31 Aug 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	04 Nov 2020 21:26:07
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:47:56

US3022012

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Recon: GCL appears to have an Unscheduled Swab, Nasopharyngeal Swab, and SARS_CoV2 samples dated 31AUG2020. Please review and reconcile or clarify ' (Site from DM). DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 10:40:09
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 18:07:07
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	11 Nov 2020 16:02:25
Query 'Per GCL Lab Recon: GCL appears to have an Unscheduled Swab, Nasopharyngeal Swab, and SARS_CoV2 samples dated 31AUG2020. Please review and reconcile or clarify ' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	10 Nov 2020 21:42:24
User opened query 'Per GCL Lab Recon: GCL appears to have an Unscheduled Swab, Nasopharyngeal Swab, and SARS_CoV2 samples dated 31AUG2020. Please review and reconcile or clarify ' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:40:48
Query 'Per GCL Lab Recon: GCL appears to have an Unscheduled Swab dated 31AUG2020. Please review and reconcile or clarify' canceled (Site from DM).	(b) (4), (b) (6)	18 Oct 2020 18:55:43
User opened query 'Per GCL Lab Recon: GCL appears to have an Unscheduled Swab dated 31AUG2020. Please review and reconcile or clarify' (Site from DM).	(b) (4), (b) (6)	18 Oct 2020 18:55:04
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	18 Oct 2020 18:54:52
	(b) (4)	21 Aug 2020 00:08:08

US3022012

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:07:11
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:25
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:24
User closed query 'Per CDM; It appears that both Illness Visit Day 1 and Convalescence Visit Day 28 have the same date of 04AUG2020. Please reconcile and update accordingly.' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:22:07
Query 'Per CDM; It appears that both Illness Visit Day 1 and Convalescence Visit Day 28 have the same date of 04AUG2020. Please reconcile and update accordingly.' answered with 'CAME IN FOR ILLNESS ON 04AUG2020' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:41:05
User opened query 'Per CDM; It appears that both Illness Visit Day 1 and Convalescence Visit Day 28 have the same date of 04AUG2020. Please reconcile and update accordingly.' (Site from DM).	(b) (4), (b) (6)	12 Oct 2020 14:02:49
User entered '04 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	21 Aug 2020 00:08:08

US3022012

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:07:11
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:25
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:24
User entered 'Clinic (Clinic)'	Shanice Bennett (b) (4)	21 Aug 2020 00:08:08
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:25
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:24
User entered 'SICKD1'	System	21 Aug 2020 00:08:08

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '04 Aug 2020'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '09:56'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '04 Aug 2020 09:56'	System	24 Aug 2020 20:09:48

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '97.5' F	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered 'Oral (Oral)'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered empty.	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '73'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered 'bpm'	System	24 Aug 2020 20:09:48

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '16'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered 'breaths/min'	System	24 Aug 2020 20:09:48

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '124'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered 'mmHg'	System	24 Aug 2020 20:09:48

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered '90'	Shanice Bennett (b) (4)	24 Aug 2020 20:09:48
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42
User entered 'mmHg'	System	24 Aug 2020 20:09:48

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Height \(derived\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42

US3022012

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Weight (derived)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:02:53
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:42

US3022012

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:45
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:03:06
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:34
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	24 Aug 2020 20:12:41
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:08:45
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:03:06
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:34
User entered '04 Aug 2020'	Shanice Bennett (b) (4)	24 Aug 2020 20:12:41
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

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

Generated On: 26 Nov 2020 08:39:22

[Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:05
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:08:46
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:41:44
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	24 Aug 2020 20:12:59
	(b) (4)	

US3022012

Folder: Illness Visit Day 1 (1)

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

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:05
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:08:46
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:41:44
User entered '04 Aug 2020'	Shanice Bennett (b) (4)	24 Aug 2020 20:12:59
	(b) (4)	

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Was this visit performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:32
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:06
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:58
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	06 Aug 2020 12:45:24
	(b) (4)	

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab reconciliation Re-query: SWAB: Response noted. However, swab sample collected on 31Aug2020 is not yet entered in EDC (Covid Diagnostic Test)' (Site from DM).	(b) (4), (b) (6)	24 Nov 2020 07:59:05
Query 'Per GCL Lab reconciliation Re-query: SWAB: Response noted. However, swab sample collected on 31Aug2020 is not yet entered in EDC (Covid Diagnostic Test)' answered with 'THIS IS ENTERED' (Site from DM).	Shanice Bennett (b) (4)	19 Nov 2020 23:09:57
User opened query 'Per GCL Lab reconciliation Re-query: SWAB: Response noted. However, swab sample collected on 31Aug2020 is not yet entered in EDC (Covid Diagnostic Test)' (Site from DM).	(b) (4), (b) (6)	19 Nov 2020 11:09:45
User closed query 'Per GCL Lab Reconciliation: Swab: Sample dated 31AUG2020 is present in GCL for an unscheduled visit with the same day as this visit, please clarify or reconcile correct date ' (Site from DM).	(b) (4), (b) (6)	19 Nov 2020 11:09:45
Query 'Per GCL Lab Reconciliation: Swab: Sample dated 31AUG2020 is present in GCL for an unscheduled visit with the same day as this visit, please clarify or reconcile correct date ' answered with 'AN UNSCUEUDED KIT WAS USED' (Site from DM).	Shanice Bennett (b) (4)	13 Nov 2020 14:34:47
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:32
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:06
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:58
User opened query 'Per GCL Lab Reconciliation: Swab: Sample dated 31AUG2020 is present in GCL for an unscheduled visit with the same day as this visit, please clarify or reconcile correct date ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 20:28:06
User entered '31 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:35:58
User entered '04 Aug 2020'	Shanice Bennett (b) (4)	06 Aug 2020 12:45:24

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:32
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:06
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:58
User entered 'Clinic (Clinic)'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:45:24

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 08:39:22

[Folder OID](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:06
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:42:58
User entered 'SICKD28'	System	06 Aug 2020 12:45:24

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	06 Aug 2020 12:46:41
	(b) (4)	

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User closed query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	30 Oct 2020 17:36:33
Query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' answered by data change (Site from System).	System	30 Oct 2020 17:36:33
User entered '31 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:36:33
User opened query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	30 Oct 2020 17:35:58
User entered '04 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered '14:30' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:36:33
User entered '09:56'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered '31 Aug 2020 14:30'	System	30 Oct 2020 17:36:33
User entered '04 Aug 2020 09:56'	System	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered '97.9' F reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:36:33
User entered '97.5' F	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered 'Oral (Oral)'	Shanice Bennett (b) (4)	06 Aug 2020 12:46:41
	(b) (4)	

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered empty.	Shanice Bennett (b) (4)	06 Aug 2020 12:46:41
	(b) (4)	

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered '89' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:36:33
User entered '73'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Pulse units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered 'bpm'	System	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered '15' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:36:33
User entered '16'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Respiratory Rate units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered 'breaths/min'	System	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered '122' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:36:33
User entered '124'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered 'mmHg'	System	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:09:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered '78' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:36:33
User entered '90'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06
User entered 'mmHg'	System	06 Aug 2020 12:46:41

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Height \(derived\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 08:39:22

[Weight \(derived\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:11:18
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:06

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:10:05
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:21:21
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:14
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:17
	(b) (4)	

US3022012

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 08:39:22

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:10:05
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:21:21
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:14
User closed query 'The Physical Examination Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	30 Oct 2020 17:38:09
User entered '31 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:38:09
User opened query 'The Physical Examination Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	System	30 Oct 2020 17:35:58
User entered '04 Aug 2020'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:17

US3022012

Folder: Convalescence Visit Day 28 (1)

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

Generated On: 26 Nov 2020 08:39:22

[Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:11:35
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:21:33
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:21
Query 'Per GCL Lab Reconciliation: SARS Cov2: Sample dated 04AUG2020 is recorded under Convalescence visit Day 28 in EDC, however the same is reported under Illness Visit Day 1 in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you. ' canceled (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 10:47:31
User opened query 'Per GCL Lab Reconciliation: SARS Cov2: Sample dated 04AUG2020 is recorded under Convalescence visit Day 28 in EDC, however the same is reported under Illness Visit Day 1 in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you. ' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 10:33:56
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 12:47:39

US3022012

Folder: Convalescence Visit Day 28 (1)

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

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: Sample dated 31 AUG 2020 is reported under Convalescence Visit Day 28 in EDC, however the same is reported in the UNSCHEDULED visit in PPD Central lab. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 09:12:34
Query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: Sample dated 31 AUG 2020 is reported under Convalescence Visit Day 28 in EDC, however the same is reported in the UNSCHEDULED visit in PPD Central lab. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' answered with 'AN UNSCHEDULE KIT WAS USED FOR THIS VISIT' (Site from DM).	Shanice Bennett (b) (4)	13 Nov 2020 14:35:10
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:11:35
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	11 Nov 2020 16:21:33
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	10 Nov 2020 21:43:21
User opened query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: Sample dated 31 AUG 2020 is reported under Convalescence Visit Day 28 in EDC, however the same is reported in the UNSCHEDULED visit in PPD Central lab. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	05 Nov 2020 09:29:09
Query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: Sample dated 31 AUG 2020 is reported under Convalescence Visit Day 28 in EDC, however the same is reported in the UNSCHEDULED visit in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' canceled (Site from DM).	(b) (4), (b) (6)	05 Nov 2020 09:28:30

US3022012

Folder: Convalescence Visit Day 28 (1)

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

Generated On: 26 Nov 2020 08:39:22

[Date of Collection](#)

Audit	User	Time (GMT)
User opened query 'Per GCL Lab Reconciliation: SARS-CoV-2 serum sample: Sample dated 31 AUG 2020 is reported under Convalescence Visit Day 28 in EDC, however the same is reported in the UNSCHEDULED visit in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	05 Nov 2020 09:28:13
User entered '31 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:37:02
User entered '04 Aug 2020'	Shanice Bennett (b) (4)	06 Aug 2020 12:47:39
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 08:39:22

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:12:51
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	04 Aug 2020 19:01:02
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[AEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:34:24
User entered 'USA-US051-2020-mRNA-1273-P301000002'	System	28 Aug 2020 17:33:52
User entered 'New'	(b) (4), (b) (6)	28 Aug 2020 17:33:52

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Adverse event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'PV Query: Please consider updating event term to COVID-19, as diagnosis was confirmed by both diagnostic test results and the subject's clinical presentation.' (Site from Safety).	(b) (4), (b) (6)	30 Sep 2020 16:30:25
User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Coronavirus infections, PT: COVID-19, LLT: COVID-19 - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	29 Sep 2020 15:38:52
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	29 Sep 2020 15:38:52
Data point term sent to Coder	System	29 Sep 2020 15:37:51
Query 'PV Query: Please consider updating event term to COVID-19, as diagnosis was confirmed by both diagnostic test results and the subject's clinical presentation.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4) (b) (4)	29 Sep 2020 15:37:32
Coding entries removed.	Shanice Bennett (b) (4) (b) (4)	29 Sep 2020 15:37:26
User entered 'COVID-19' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	29 Sep 2020 15:37:26
User opened query 'PV Query: Please consider updating event term to COVID-19, as diagnosis was confirmed by both diagnostic test results and the subject's clinical presentation.' (Site from Safety).	(b) (4), (b) (6)	25 Sep 2020 12:32:10
User closed query 'Per MM: Please confirm if action taken with IP is correct, per protocol sec 7.2, if the subject will be diagnosed with COVID-19 prior to day 29, the participant must not receive additional doses of vaccine but will be encouraged to continue study participation for safety through 24 months following last dose' (Site from DM).	(b) (4), (b) (6)	21 Sep 2020 13:40:28
Query 'Per MM: Please confirm if action taken with IP is correct, per protocol sec 7.2, if the subject will be diagnosed with COVID-19 prior to day 29, the participant must not receive additional doses of vaccine but will be encouraged to continue study participation for safety through 24 months following last dose' answered with 'Yes IP withdrawal ' (Site from DM).	Shanice Bennett (b) (4) (b) (4)	18 Sep 2020 12:15:28

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Adverse event](#)

Audit	User	Time (GMT)
User opened query 'Per MM: Please confirm if action taken with IP is correct, per protocol sec 7.2, if the subject will be diagnosed with COVID-19 prior to day 29, the participant must not receive additional doses of vaccine but will be encouraged to continue study participation for safety through 24 months following last dose ' (Site from DM).	(b) (4), (b) (6)	17 Sep 2020 10:40:55
User coded data point as SOC: Investigations, HLGT: Microbiology and serology investigations, HLT: Virus identification and serology, PT: SARS-CoV-2 test positive, LLT: COVID-19 virus test positive - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	04 Aug 2020 19:04:03
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	04 Aug 2020 19:04:03
Data point term sent to Coder	System	04 Aug 2020 19:03:16
User entered 'Positive COVID-19'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered 'No (N)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	28 Aug 2020 12:18:24
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	28 Aug 2020 12:18:05
Amendment Manager inserted this DataPoint.	(b) (4) System	21 Aug 2020 01:01:19

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'PV Query: Please report the reason for the delay in reporting the event.' (Site from Safety).	(b) (4), (b) (6)	30 Sep 2020 16:30:31
Query 'PV Query: Please report the reason for the delay in reporting the event.' answered with 'subject was swabbed at baseline this day and test results came back on 02Aug2020' (Site from Safety).	Shanice Bennett (b) (4) (b) (4)	29 Sep 2020 15:37:53
User opened query 'PV Query: Please report the reason for the delay in reporting the event.' (Site from Safety).	(b) (4), (b) (6)	25 Sep 2020 12:31:26
User closed query 'PV Query: Please confirm the date of event onset. It is reported that the subject had a positive test on the 27-Jul-2020, but start date is currently reported as 03-Aug-2020.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:31:03
Query 'PV Query: Please confirm the date of event onset. It is reported that the subject had a positive test on the 27-Jul-2020, but start date is currently reported as 03-Aug-2020.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:04:53
User entered '27 Jul 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:04:41
User opened query 'PV Query: Please confirm the date of event onset. It is reported that the subject had a positive test on the 27-Jul-2020, but start date is currently reported as 03-Aug-2020.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:30:46
User entered '03 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

Start time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'Data is required. Please provide.' (Site from System).	System	10 Sep 2020 18:05:22
User entered '08:00' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:05:22
User opened query 'Data is required. Please provide.' (Site from System).	System	10 Sep 2020 18:04:41
User closed query 'Start time is present for an AE that did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).	System	04 Aug 2020 19:02:55
User entered empty; reason for change Data Entry Error	Shanice Bennett (b) (4)	04 Aug 2020 19:02:55
User opened query 'Start time is present for an AE that did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).	System	04 Aug 2020 19:02:46
User entered '08:00'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '27 Jul 2020 08:00'	System	10 Sep 2020 18:05:22
User entered empty.	System	04 Aug 2020 19:02:55
User entered '03 Aug 2020 08:00'	System	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered 'No (N)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	21 Oct 2020 20:59:12
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' (Site from Safety).	(b) (4), (b) (6)	22 Oct 2020 22:09:11
Query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	21 Oct 2020 20:59:35
User entered '15 Sep 2020' reason for change: Data Entry Error	Shanice Bennett (b) (4)	21 Oct 2020 20:59:12
User opened query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 13:05:57
User closed query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:31:11
Query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' answered with 'still open subject tested positive at convalescent visit 2 ' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:05:55
User opened query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:29:21
User entered empty.	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

End time (00:00-23:59)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	17 Nov 2020 11:37:28
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:12:27
User closed query 'Re-query: If source doesn't note time the time should not be entered. As entered it appears to be midnight.' (Site from CRA).	(b) (4), (b) (6)	17 Nov 2020 01:12:17
Query 'Data is required. Please provide.' answered with 'no time recorded' (Site from System).	(b) (4), (b) (6)	16 Nov 2020 13:52:32
Query 'Re-query: If source doesn't note time the time should not be entered. As entered it appears to be midnight.' answered with 'updated' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 13:52:22
User opened query 'Data is required. Please provide.' (Site from System).	System	16 Nov 2020 13:52:01
User entered empty; reason for change Per Query Resolution	(b) (4), (b) (6)	16 Nov 2020 13:52:01
User opened query 'Re-query: If source doesn't note time the time should not be entered. As entered it appears to be midnight.' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 02:02:17
User closed query 'Please confirm or clarify time as source doesn't note time.' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 02:02:17
Query 'Please confirm or clarify time as source doesn't note time.' answered with 'UPDATED' (Site from CRA).	Morgan Deal (b) (4)	12 Nov 2020 20:17:24
DataPoint Un-verified.	Morgan Deal (b) (4)	12 Nov 2020 20:17:15
User entered '00:00' reason for change: Per Query Resolution	Morgan Deal (b) (4)	12 Nov 2020 20:17:15
User opened query 'Please confirm or clarify time as source doesn't note time.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 18:46:17
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'Data is required. Please provide.' (Site from System).	System	21 Oct 2020 20:59:27
User entered '08:00' reason for change: Data Entry Error	Shanice Bennett (b) (4)	21 Oct 2020 20:59:27
User opened query 'Data is required. Please provide.' (Site from System).	System	21 Oct 2020 20:59:12
User entered empty.	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	16 Nov 2020 13:52:01
User entered '15 Sep 2020 00:00'	System	12 Nov 2020 20:17:15
User entered '15 Sep 2020 08:00'	System	21 Oct 2020 20:59:27
Query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' canceled (Site from Safety).	(b) (4), (b) (6)	30 Sep 2020 16:30:35
User opened query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' (Site from Safety).	(b) (4), (b) (6)	16 Sep 2020 14:51:37
User entered empty.	System	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'PV Query: As event did not meet seriousness criteria, please consider downgrading the intensity from Grade 3.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:31:46
Query 'PV Query: As event did not meet seriousness criteria, please consider downgrading the intensity from Grade 3.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:01
User entered 'Grade 2/Moderate (Grade 2/Moderate)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:04:41
User opened query 'PV Query: As event did not meet seriousness criteria, please consider downgrading the intensity from Grade 3.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:28:54
User entered 'Grade 3/Severe (Grade 3/Severe)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered 'No (N)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered empty.	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

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[Hospital Discharge Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered empty.	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

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[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered empty.	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

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Folder: Adverse Events

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[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered empty.	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (1)

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[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
Query 'Action taken with investigational product is recorded as Withdrawn; however Relationship is not recorded as Related. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	25 Sep 2020 02:07:27
User closed query 'PV Query Urgent: Please confirm the related causality assessment. ' (Site from Safety).	(b) (4), (b) (6)	15 Sep 2020 12:51:39
User opened query 'Action taken with investigational product is recorded as Withdrawn; however Relationship is not recorded as Related. Please review and reconcile.' (Site from System).	System	14 Sep 2020 21:46:31
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	14 Sep 2020 21:46:31
Query 'PV Query Urgent: Please confirm the related causality assessment. ' answered with 'Per sponsor request' (Site from Safety).	Shanice Bennett (b) (4)	14 Sep 2020 21:26:16
User opened query 'PV Query Urgent: Please confirm the related causality assessment. ' (Site from Safety).	(b) (4), (b) (6)	14 Sep 2020 21:23:39
User closed query 'Action taken with investigational product is recorded as Withdrawn; however Relationship is not recorded as Related. Please review and reconcile.' (Site from System).	System	10 Sep 2020 18:06:22
User entered 'Related (RELATED)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:06:22
User opened query 'Action taken with investigational product is recorded as Withdrawn; however Relationship is not recorded as Related. Please review and reconcile.' (Site from System).	System	10 Sep 2020 18:04:41
User entered 'Not Related (NOT RELATED)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered 'Not Related (NOT RELATED)'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 19:02:46

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

Action taken with investigational product

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	05 Oct 2020 13:45:30
User closed query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in treatment discontinuation and End of study eCRF if applicable. Review and update. Else, clarify. (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 13:45:02
Query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' answered with 'updated' (Site from System).	Shanice Bennett (b) (4) (b) (4)	29 Sep 2020 15:40:33
User opened query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	System	29 Sep 2020 15:39:18
Query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in treatment discontinuation and End of study eCRF if applicable. Review and update. Else, clarify. answered with 'updated' (Site from DM).	Shanice Bennett (b) (4) (b) (4)	29 Sep 2020 15:38:10
User opened query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in treatment discontinuation and End of study eCRF if applicable. Review and update. Else, clarify. (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 08:11:19
User closed query 'PV Query: Please confirm action taken as none. Will patient continue in study? If no, please update action taken to withdrawn.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:31:55

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Folder: Adverse Events

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[Action taken with investigational product](#)

Audit	User	Time (GMT)
Query 'PV Query: Please confirm action taken as none. Will patient continue in study? If no, please update action taken to withdrawn.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:18
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:04:41
User opened query 'PV Query: Please confirm action taken as none. Will patient continue in study? If no, please update action taken to withdrawn.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:28:40
User entered 'None (NONE)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

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[None](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:12:41
DataPoint Un-verified.	(b) (4), (b) (6)	16 Nov 2020 13:52:12
User entered '0' reason for change: Data Entry Error	(b) (4), (b) (6)	16 Nov 2020 13:52:12
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '1'	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 19:02:46

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Folder: Adverse Events

Form: Adverse Events (1)

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[Concomitant Medication](#)

Audit	User	Time (GMT)
User closed query 'Re-query: If taken for this AE as previous query response notes than this field should be checked.' (Site from CRA).	(b) (4), (b) (6)	17 Nov 2020 01:12:50
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:12:43
Query 'Re-query: If taken for this AE as previous query response notes than this field should be checked.' answered with 'updated' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 13:52:37
DataPoint Un-verified.	(b) (4), (b) (6)	16 Nov 2020 13:52:12
User entered '1' reason for change: Data Entry Error	(b) (4), (b) (6)	16 Nov 2020 13:52:12
User opened query 'Re-query: If taken for this AE as previous query response notes than this field should be checked.' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 02:03:07
User closed query 'Please confirm Tylenol was taken for Covid symptom. Please update if needed.' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 02:03:07
Query 'Please confirm Tylenol was taken for Covid symptom. Please update if needed.' answered with 'YES IT WAS TAKEN FOR COVID SYMPTOM' (Site from CRA).	Morgan Deal (b) (4)	12 Nov 2020 20:21:43
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User opened query 'Please confirm Tylenol was taken for Covid symptom. Please update if needed.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 18:41:21
Query 'Please confirm Conmeds taken for AE.' canceled (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 18:40:37
User opened query 'Please confirm Conmeds taken for AE.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 18:39:13
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

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Folder: Adverse Events

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[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered '0'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

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Folder: Adverse Events

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[Outcome](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	22 Oct 2020 22:09:18
Query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	21 Oct 2020 20:59:42
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)' reason for change:	Shanice Bennett (b) (4)	21 Oct 2020 20:59:12
Data Entry Error		
User opened query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 13:06:13
User closed query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	30 Sep 2020 16:30:44
Query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' answered with 'unknown subject tested positive again after 28 days follow up ' (Site from Safety).	Shanice Bennett (b) (4)	29 Sep 2020 15:38:34
User opened query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	25 Sep 2020 12:30:37
User closed query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	20 Sep 2020 22:35:24

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Folder: Adverse Events

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[Outcome](#)

Audit	User	Time (GMT)
Query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.'	Shanice Bennett (b) (4)	18 Sep 2020 12:18:12
answered with 'not recovered ' (Site from Safety). User opened query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	16 Sep 2020 14:52:12
User closed query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:32:02
Query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.'	Shanice Bennett (b) (4)	10 Sep 2020 18:06:33
answered with 'correct' (Site from Safety). User opened query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:29:35
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46

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Folder: Adverse Events

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[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User entered empty.	Shanice Bennett (b) (4)	04 Aug 2020 19:02:46
	(b) (4)	

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Folder: Adverse Events

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[Narrative](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:03
User closed query 'PV Query: Please provide when the result of SARS-CoV-2 test performed on 04 Aug 2020 was available.' (Site from Safety).	(b) (4), (b) (6)	22 Oct 2020 22:08:56
Query 'PV Query: Please provide when the result of SARS-CoV-2 test performed on 04 Aug 2020 was available.' answered with 'positive' (Site from Safety).	Shanice Bennett (b) (4)	21 Oct 2020 21:00:26
User opened query 'PV Query: Please provide when the result of SARS-CoV-2 test performed on 04 Aug 2020 was available.' (Site from Safety).	(b) (4), (b) (6)	06 Oct 2020 13:06:32
User closed query 'PV Query: Please provide the dates when the results of SARS-CoV-2 RT-PCR tests performed on 27 Jul 2020 and 04 Aug 2020 were available.' (Site from Safety).	(b) (4), (b) (6)	30 Sep 2020 16:30:47
Query 'PV Query: Please provide the dates when the results of SARS-CoV-2 RT-PCR tests performed on 27 Jul 2020 and 04 Aug 2020 were available.' answered with '2AUG2020' (Site from Safety).	Shanice Bennett (b) (4)	29 Sep 2020 15:38:49
User opened query 'PV Query: Please provide the dates when the results of SARS-CoV-2 RT-PCR tests performed on 27 Jul 2020 and 04 Aug 2020 were available.' (Site from Safety).	(b) (4), (b) (6)	25 Sep 2020 12:30:56
User closed query 'PV Query: Please provide the dates when the results of SARS-CoV-2 RT-PCR tests performed on 27 Jul 2020 and 04 Aug 2020 were available.' (Site from Safety).	(b) (4), (b) (6)	20 Sep 2020 22:35:36
User closed query 'PV Query: Please report the reason for the delay in reporting the event.' (Site from Safety).	(b) (4), (b) (6)	20 Sep 2020 22:35:33
Query 'PV Query: Please provide the dates when the results of SARS-CoV-2 RT-PCR tests performed on 27 Jul 2020 and 04 Aug 2020 were available.' answered with 'correct' (Site from Safety).	Shanice Bennett (b) (4)	18 Sep 2020 12:18:42
Query 'PV Query: Please report the reason for the delay in reporting the event.' answered with 'confirmed' (Site from Safety).	Shanice Bennett (b) (4)	18 Sep 2020 12:18:31
User opened query 'PV Query: Please provide the dates when the results of SARS-CoV-2 RT-PCR tests performed on 27 Jul 2020 and 04 Aug 2020 were available.' (Site from Safety).	(b) (4), (b) (6)	16 Sep 2020 14:53:22

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[Narrative](#)

Audit	User	Time (GMT)
User opened query 'PV Query: Please report the reason for the delay in reporting the event.' (Site from Safety).	(b) (4), (b) (6)	16 Sep 2020 14:53:00
User closed query 'PV Query: Please provide the date the SARS-CoV-2 test performed on 27 Jul resulted.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:36:52
User closed query 'PV Query: The source documents report test collection dates of both 27-Jul-2020 and 04-Aug-2020. Please clarify if the subject had two tests. If yes, please provide results for both.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:36:48
User closed query 'PV Query: Please report if the patient had any known contacts, exposures or other risk factors for positive covid 19 test.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:36:45
User closed query 'PV Query: Please report the reason for the delay in reporting the event.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:36:43
User closed query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:36:41
User closed query 'PV Query: Please add concomitant medication received within 30 days prior to event (or >30 days if relevant to event) to concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If none, please state so.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:32:22
User closed query 'PV Query: Please add subject's medical history (prior to onset of study) to medical history eCRF. If none, please state so.' (Site from Safety).	(b) (4), (b) (6)	12 Sep 2020 17:32:20
Query 'PV Query: The source documents report test collection dates of both 27-Jul-2020 and 04-Aug-2020. Please clarify if the subject had two tests. If yes, please provide results for both.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 18:06:58

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[Narrative](#)

Audit	User	Time (GMT)
Query 'PV Query: Please report if the patient had any known contacts, exposures or other risk factors for positive covid 19 test.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:55
Query 'PV Query: Please report the reason for the delay in reporting the event.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:51
Query 'PV Query: Please provide the date the SARS-CoV-2 test performed on 27 Jul resulted.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:48
Query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:44
Query 'PV Query: Please add concomitant medication received within 30 days prior to event (or >30 days if relevant to event) to concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If none, please state so.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:40
Query 'PV Query: Please add subject's medical history (prior to onset of study) to medical history eCRF. If none, please state so.' answered with 'updated' (Site from Safety).	Shanice Bennett (b) (4)	10 Sep 2020 18:06:37
User entered 'subject only taken Tylenol for headache. Subject don't have any medical history to add.' reason for change: Data Entry Error	Shanice Bennett (b) (4)	10 Sep 2020 18:04:41
User opened query 'PV Query: The source documents report test collection dates of both 27-Jul-2020 and 04-Aug-2020. Please clarify if the subject had two tests. If yes, please provide results for both.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:31:02
User opened query 'PV Query: Please report if the patient had any known contacts, exposures or other risk factors for positive covid 19 test.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:30:31

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Narrative](#)

Audit	User	Time (GMT)
User opened query 'PV Query: Please report the reason for the delay in reporting the event.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:30:20
User opened query 'PV Query: Please provide the date the SARS-CoV-2 test performed on 27 Jul resulted.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:30:07
User opened query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:29:46
User opened query 'PV Query: Please add concomitant medication received within 30 days prior to event (or >30 days if relevant to event) to concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If none, please state so.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:28:29
User opened query 'PV Query: Please add subject's medical history (prior to onset of study) to medical history eCRF. If none, please state so.' (Site from Safety).	(b) (4), (b) (6)	01 Sep 2020 14:28:18
User entered empty.	Shanice Bennett (b) (4) (b) (4)	04 Aug 2020 19:02:46

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
Amendment Manager: User entered '0'	System	21 Aug 2020 01:01:22
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
Amendment Manager: User entered 'I'	System	21 Aug 2020 01:01:22
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 08:39:22

[Admitted to ICU Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 01:01:19

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:42:28
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 17:51:20

(b)

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: TYLENOL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Sep 2020 19:00:42
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Sep 2020 19:00:42
Data point term sent to Coder Coding entries removed.	System Shanice Bennett (b) (4) (b) (4)	22 Sep 2020 19:00:06 22 Sep 2020 18:59:52
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: TYLENOL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 17:53:48
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 17:53:48
Data point term sent to Coder User entered 'Tylenol'	System Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 17:52:44 10 Sep 2020 17:52:15

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered 'No (N)'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Indication](#)

Audit	User	Time (GMT)
User closed query 'Please confirm/clarify if this is a symptom of Covid. If so please update indication to Covid-19 AE indication or clarify. ' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 02:01:14
Query 'Please confirm/clarify if this is a symptom of Covid. If so please update indication to Covid-19 AE indication or clarify. ' answered with 'UPDATED' (Site from CRA).	Shanice Bennett (b) (4)	13 Nov 2020 14:43:22
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User opened query 'Please confirm/clarify if this is a symptom of Covid. If so please update indication to Covid-19 AE indication or clarify. ' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 18:44:12
User closed query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If the Headache is considered a solicited local or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of Headache did not meet the AE reporting criteria.' (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 13:43:20
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If the Headache is considered a solicited local or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of Headache did not meet the AE reporting criteria.' answered with 'did not meet reporting AE criteria' (Site from DM).	Stella Yoon (b) (4)	30 Sep 2020 18:07:38

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Indication](#)

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If the Headache is considered a solicited local or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of Headache did not meet the AE reporting criteria.' (Site from DM).	(b) (4), (b) (6)	28 Sep 2020 09:08:42
User closed query 'Per CDM: Diary Dose Temperature day form indicates subject also had a fever from 28 July 2020 until 1 August 2020. Please confirm/clarify if additional information should be added to Concomitant Medication form and reconcile appropriately.' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 11:50:17
Query 'Per CDM: Diary Dose Temperature day form indicates subject also had a fever from 28 July 2020 until 1 August 2020. Please confirm/clarify if additional information should be added to Concomitant Medication form and reconcile appropriately.' answered with 'UPDATED' (Site from DM).	Shanice Bennett (b) (4)	22 Sep 2020 18:59:57
User entered 'HEADACHE/FEVER' reason for change: Data Entry Error	Shanice Bennett (b) (4)	22 Sep 2020 18:59:52
User opened query 'Per CDM: Diary Dose Temperature day form indicates subject also had a fever from 28 July 2020 until 1 August 2020. Please confirm/clarify if additional information should be added to Concomitant Medication form and reconcile appropriately.' (Site from DM).	(b) (4), (b) (6)	14 Sep 2020 17:02:29
User entered 'Headache'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered '500'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered 'mg (mg)'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered 'once daily (QD)'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

If frequency is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered 'Oral (ORAL)'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered empty.	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered '28 Jul 2020'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered '0'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered 'No (N)'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User entered '01 Aug 2020'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15
	(b) (4)	

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

Was this medication taken for solicited event?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:44:56
User closed query 'Per DM CLR: Was this medication taken for solicited event?=NO. However, there is a record of this event in Diary within 7-day reporting of SAR. Review if this should be updated. Else, provide clarification on query response.' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:14:08
Query 'Per DM CLR: Was this medication taken for solicited event?=NO. However, there is a record of this event in Diary within 7-day reporting of SAR. Review if this should be updated. Else, provide clarification on query response.' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 17:33:21
User entered 'Yes (Y)' reason for change: Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 17:33:13
User opened query 'Per DM CLR: Was this medication taken for solicited event?=NO. However, there is a record of this event in Diary within 7-day reporting of SAR. Review if this should be updated. Else, provide clarification on query response.' (Site from DM).	(b) (4), (b) (6)	30 Oct 2020 04:54:57
User entered 'No (N)' reason for change: Data Entry Error	Stella Yoon (b) (4)	30 Sep 2020 18:07:34
User entered 'Yes (Y)'	Shanice Bennett (b) (4)	10 Sep 2020 17:52:15

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 17:52:15

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 17:52:15

US3022012

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 08:39:22

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	10 Sep 2020 17:52:15

US3022012

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 08:39:22

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	25 Oct 2020 22:57:24

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Visit](#)

Audit	User	Time (GMT)
User entered 'Visit 2 Day 29 (VISIT2)'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Visit Date](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Demographics](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Enrollment](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Inclusion/Exclusion Criteria Summary](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Inclusion/Exclusion Criteria](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Medical History Summary](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Medical History](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Vital Signs](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Vital Signs - Dosing](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Physical Examination](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Central Laboratory - Nasopharyngeal Swab](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Childbearing Potential](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Pregnancy Test](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Randomization](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Exposure](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Immunogenicity Assessment](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Saliva Collection](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[COVID Diagnostic Test](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Symptom Log](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[COVID-19 Severity Assessment](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[COVID-19 Contact](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Risk of Exposure](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Safety Call](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Dosing Discontinuation](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[End of Study / Study Discontinuation](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[All](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Date of missed or out of window visit or assessment](#)

Audit	User	Time (GMT)
User entered '31 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Inclusion criteria not met/Exclusion criteria met](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Study Treatment not given](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Missed Visit](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Missed Assessment](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Visit performed out of window](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Assessment performed out of window](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Scheduled clinical visit performed as home visit](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Clinical site closed](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Travel restrictions](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Quarantine due to COVID-19](#)

Audit	User	Time (GMT)
User entered 'I'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Possible exposure to COVID-19](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Exposure to COVID-19](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Presumption / confirmed COVID-19](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Symptoms of COVID-19](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Sponsor hold due to COVID-19](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: COVID-19 Impact (1)

Form: COVID-19 Impact (1)

Generated On: 26 Nov 2020 08:39:22

[Participant decision](#)

Audit	User	Time (GMT)
User entered '0'	Shanice Bennett (b) (4) (b) (4)	05 Oct 2020 12:15:28

US3022012

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

[Date of dosing discontinuation \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '02 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	29 Sep 2020 15:39:18

US3022012

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: As per the CCG page no. 43(V2.0), Due to SARS CoV-2 can be selected as primary reason from list. Please review, reconcile and update accordingly. Thank you.' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 14:15:55
Query 'Per CDM: As per the CCG page no. 43(V2.0), Due to SARS CoV-2 can be selected as primary reason from list. Please review, reconcile and update accordingly. Thank you.' answered with 'UPDATED' (Site from DM).	Morgan Deal (b) (4)	12 Nov 2020 20:22:41
User entered 'Due to SARS-COV-2 (COVID)' reason for change: Per Query Resolution	Morgan Deal (b) (4)	12 Nov 2020 20:22:37
User opened query 'Per CDM: As per the CCG page no. 43(V2.0), Due to SARS CoV-2 can be selected as primary reason from list. Please review, reconcile and update accordingly. Thank you.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 13:45:34
User entered 'AE (specify) (ADVERSE EVENT)' reason for change: Data Entry Error	Shanice Bennett (b) (4)	29 Sep 2020 15:41:11
User entered 'Due to SARS-COV-2 (COVID)'	Shanice Bennett (b) (4)	29 Sep 2020 15:39:18

US3022012

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 08:39:22

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

Audit	User	Time (GMT)
User closed query 'Primary reason for dosing discontinuation is not AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, however specify is provided. Please correct.' (Site from System).	System	12 Nov 2020 20:23:08
User entered empty; reason for change Per Query Resolution	Morgan Deal (b) (4)	12 Nov 2020 20:23:08
User opened query 'Primary reason for dosing discontinuation is not AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, however specify is provided. Please correct.' (Site from System).	System	12 Nov 2020 20:22:37
User entered 'positive COVID-19' reason for change: Data Entry Error	Shanice Bennett (b) (4)	29 Sep 2020 15:41:11
User entered empty.	Shanice Bennett (b) (4)	29 Sep 2020 15:39:18

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'USA-US051-2020-MRNA-1273-P301000002'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Paul'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Bradley'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '340 Eisenhower Dr.'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Savannah'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'GA'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '31406'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Amendment Manager: Data point set to conformant.	System	19 Sep 2020 01:05:20
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'US' (non-conformant).	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '6'	System	22 Oct 2020 22:09:57
User entered '5'	System	30 Sep 2020 16:31:10
User entered '4'	System	21 Sep 2020 11:36:34
User entered '3'	System	15 Sep 2020 12:52:10
User entered '2'	System	12 Sep 2020 17:30:20
User entered '1'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'USA-US051-2020-MRNA-1273-P301000002'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Paul'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Bradley'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '340 Eisenhower Dr.'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Savannah'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'GA'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '31406'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Amendment Manager: Data point set to conformant.	System	19 Sep 2020 01:05:20
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'US' (non-conformant).	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '6'	System	22 Oct 2020 22:09:57
User entered '5'	System	30 Sep 2020 16:31:10
User entered '4'	System	21 Sep 2020 11:36:34
User entered '3'	System	15 Sep 2020 12:52:10
User entered '2'	System	12 Sep 2020 17:30:20
User entered '1'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
User entered '28/Aug/2020 13:36'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 08:39:22

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'I'	(b) (4), (b) (6)	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'USA-US051-2020-MRNA-1273-P301000002'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Paul'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Bradley'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '340 Eisenhower Dr.'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Savannah'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'GA'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '31406'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Amendment Manager: Data point set to conformant.	System	19 Sep 2020 01:05:20
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'US' (non-conformant).	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '6'	System	22 Oct 2020 22:09:57
User entered '5'	System	30 Sep 2020 16:31:10
User entered '4'	System	21 Sep 2020 11:36:34
User entered '3'	System	15 Sep 2020 12:52:10
User entered '2'	System	12 Sep 2020 17:30:20
User entered '1'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
User entered '12/Sep/2020 13:30'	System	12 Sep 2020 17:30:20

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 08:39:22

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
User entered 'I'	(b) (4), (b) (6)	12 Sep 2020 17:30:20

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'USA-US051-2020-MRNA-1273-P301000002'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Paul'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Bradley'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '340 Eisenhower Dr.'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Savannah'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'GA'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '31406'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Amendment Manager: Data point set to conformant.	System	19 Sep 2020 01:05:20
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'US' (non-conformant).	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '6'	System	22 Oct 2020 22:09:57
User entered '5'	System	30 Sep 2020 16:31:10
User entered '4'	System	21 Sep 2020 11:36:34
User entered '3'	System	15 Sep 2020 12:52:10
User entered '2'	System	12 Sep 2020 17:30:20
User entered '1'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
User entered '15/Sep/2020 08:52'	System	15 Sep 2020 12:52:10

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 08:39:22

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	21 Sep 2020 11:36:24
User entered 'I'	(b) (4), (b) (6)	15 Sep 2020 12:52:10

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'USA-US051-2020-MRNA-1273-P301000002'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Paul'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Bradley'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '340 Eisenhower Dr.'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Savannah'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'GA'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '31406'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Amendment Manager: Data point set to conformant.	System	19 Sep 2020 01:05:20
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'US' (non-conformant).	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '6'	System	22 Oct 2020 22:09:57
User entered '5'	System	30 Sep 2020 16:31:10
User entered '4'	System	21 Sep 2020 11:36:34
User entered '3'	System	15 Sep 2020 12:52:10
User entered '2'	System	12 Sep 2020 17:30:20
User entered '1'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
User entered '21/Sep/2020 07:36'	System	21 Sep 2020 11:36:34

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 08:39:22

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:30:59
User entered 'I'	(b) (4), (b) (6)	21 Sep 2020 11:36:34

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'USA-US051-2020-MRNA-1273-P301000002'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Paul'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Bradley'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '340 Eisenhower Dr.'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Savannah'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'GA'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '31406'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Amendment Manager: Data point set to conformant.	System	19 Sep 2020 01:05:20
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'US' (non-conformant).	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '6'	System	22 Oct 2020 22:09:57
User entered '5'	System	30 Sep 2020 16:31:10
User entered '4'	System	21 Sep 2020 11:36:34
User entered '3'	System	15 Sep 2020 12:52:10
User entered '2'	System	12 Sep 2020 17:30:20
User entered '1'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (5)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
User entered '30/Sep/2020 16:31'	System	30 Sep 2020 16:31:10

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (5)

Generated On: 26 Nov 2020 08:39:22

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	30 Sep 2020 16:48:42
User entered 'I'	(b) (4), (b) (6)	30 Sep 2020 16:31:10

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'USA-US051-2020-MRNA-1273-P301000002'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered 'No (N)'	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Paul'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Bradley'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '340 Eisenhower Dr.'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'Savannah'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered 'GA'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Reviewed for Safety.	(b) (4), (b) (6)	15 Sep 2020 12:51:56
Amendment Manager: Un-reviewed for Safety.	System	14 Sep 2020 21:39:48
Amendment Manager: User entered '31406'	System	14 Sep 2020 21:39:48
Reviewed for Safety.	(b) (4), (b) (6)	28 Aug 2020 17:36:32
User entered (b) (6)	System	28 Aug 2020 17:33:52

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
Amendment Manager: Data point set to conformant.	System	19 Sep 2020 01:05:20
Reviewed for Safety.	(b) (4), (b) (6)	12 Sep 2020 17:30:08
User entered 'US' (non-conformant).	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 08:39:22

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '6'	System	22 Oct 2020 22:09:57
User entered '5'	System	30 Sep 2020 16:31:10
User entered '4'	System	21 Sep 2020 11:36:34
User entered '3'	System	15 Sep 2020 12:52:10
User entered '2'	System	12 Sep 2020 17:30:20
User entered '1'	System	28 Aug 2020 17:36:39

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (6)

Generated On: 26 Nov 2020 08:39:22

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
User entered '22/Oct/2020 18:09'	System	22 Oct 2020 22:09:57

US3022012

Folder: SAE USA-US051-2020-MRNA-1273-P301000002

Form: Safety Report Form (6)

Generated On: 26 Nov 2020 08:39:22

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 18:35:32
User entered 'I'	(b) (4), (b) (6)	22 Oct 2020 22:09:57