

Form: Interim Visit

Interim visit code _____

Date of visit _____

What is/are the reason(s) for this interim visit?

Mark all that apply.

Participant missing part or all of a scheduled study visit and is outside of visit window.

Participant contacted site to report updated Medical History.

Update Medical History log.

Repeat specimen collection

Other reason

If "Other reason", specify (max. 200 characters): _____

Did the participant exit/terminate the study at this visit? Yes

If "Yes", complete Termination form. No

FORMS COMPLETED AT INTERIM VISIT:

COVID-19 Symptoms

COVID-19 Treatment and Hospitalization

Nasal Specimen for SARS-CoV-2 PCR

Participant Transfer

Participant Receipt

SARS-CoV-2 Exposure

Specimen Collection - Blood