CRF Completion Guidelines

CoVPN3004-01 (SNIFF)

Version 5.0

CRF Completion Guidelines

Protocol Name:	A nasal swab study to assess the efficacy of vaccination in the prevention of SARS-CoV-2 infection among individuals enrolled in a Phase 3 efficacy trial of a SARS-CoV-2 recombinant spike protein (Rs) vaccine with Matrix-M1™ (M1) adjuvant
Protocol Number:	CoVPN3004-01 (SNIFF)
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Version:	5.0

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CRF Completion Guidelines

The following instructions are study-specific data completion instructions intended to assist site staff when completing electronic case report forms (eCRFs) and paper case report forms (CRFs). Detailed guidance on general data collection, entry, navigation, and general use of Medidata Rave is provided in the Medidata Rave Electronic Data Capture (EDC) Training Manual, which is found on the SNIFF Protocol page:

https://atlas.scharp.org/cpas/project/CoVPN/Studies/3004-01%20%28SNIFF%29/begin.view?

General Guidelines

- The Participant ID is automatically assigned by Rave EDC as a 9-digit field, starting with the 3-digit site number followed by a randomly assigned 5-digit participant number, and 1-digit check number.
- All data entered in Rave must match the data on any source documents/paper CRFs.
- Complete all required data fields. Ensure that all entries are in English and are accurate, consistent, complete, and medically logical.
- If “Other” is chosen as a response, further details must be provided by responding to the “If ‘Other’, specify” field.
- Text box fields have character limits. Text exceeding the limit will not be saved and a “Non-conformant” icon will appear.
- Visit dates must be complete and in chronological order according to the protocol.
- Most date fields must be entered as Day/Month/Year (DD/MMM/YYYY) (e.g., 01 NOV 2017). Exceptions are detailed in specific form sections where applicable.
- Drop-down menus are available for many fields. Use these menus, when available, to select the appropriate response.
- Avoid using abbreviations, symbols, or special characters.
- Avoid hitting the return or enter key in text fields.
- Log forms allow you to make multiple entries over the course of the study. All entries at the same time in ‘Complete View’ and View individual entries in portrait view.
- The following log forms for this study are available in the Ongoing logs folder at the bottom of the sidebar on the Participant’s home page:
    - Adverse Event
    - Call Log
    - Informed Consent (found in the Screening/Enrollment Folder)
- Correct/update data fields by clicking the pencil icon at the far right of the field, correct/update the value and give the reason for the change, if applicable. Save the form to apply the changes.
- If an incorrect data entry is made, a system query will fire. Correct the error and save the form.

  - System generated queries with no query response will automatically close with a form correction.
  - System generated queries with a query response will change into a manual query that will need to be closed by the data management team.

- All actions performed on a data field are tracked in the audit trail. If data is modified inadvertently, the change is also shown in the audit trail for that field.
- The Investigator of Record (IoR) will sign all forms after the participant's data has been reviewed. After the signature is applied, no further changes or additions to the forms are expected.
- Any modifications that are made to forms after the IoR has signed off will remove the signature. Once the data has been reviewed, the signature will need to be applied again.
- The SCHARP Clinical Data Manager will provide direction for when the Investigator should perform the final review and sign the eCRF pages.

Add Event

- The **Add Event** drop-down menu can add Interim visit CRFs to a participant's casebook.

Interim Visits

- Add an Interim Visit folder to a participant's casebook by clicking on the **Add Event** button on the PTID (Subject)-level page and selecting "Interim Visit", then clicking "Add". An Interim Visit folder will appear in the participant's casebook.
- Open the Interim Visit folder to access the Interim Visit form. On the Interim Visit form, select the forms that were completed at the interim visit. The selected forms will then load in the folder.
- On the Interim Visit form, enter the visit date as the earliest date visit procedures were performed for that interim visit.

Loading of Forms in Visit Folder

- Medidata Rave will add forms to a visit folder in a participant's casebook based on specified responses on forms. Below are a few key examples.
  - **Example**: Ongoing logs Y/N form
    - Under "Ongoing Logs", mark "Yes" on the Log form Y/N that needs to be populated. Example: When "Has there been a phone contact with the participant or participant's parent/guardian?" is marked as "Yes" the Call Log will appear in the Ongoing Logs folder.

Loading of Folders in Participant Casebook

- Medidata Rave will add folders to a participant's casebook based on how certain forms are completed. See Table 1 for actions required to add folders to a participant's casebook.

Table 1. Folder Dynamics

Folder	Action Required to Add Folder
V1.0 – Screening/Enrollment Ongoing Logs Discontinuation	Save Participant Identifier form.

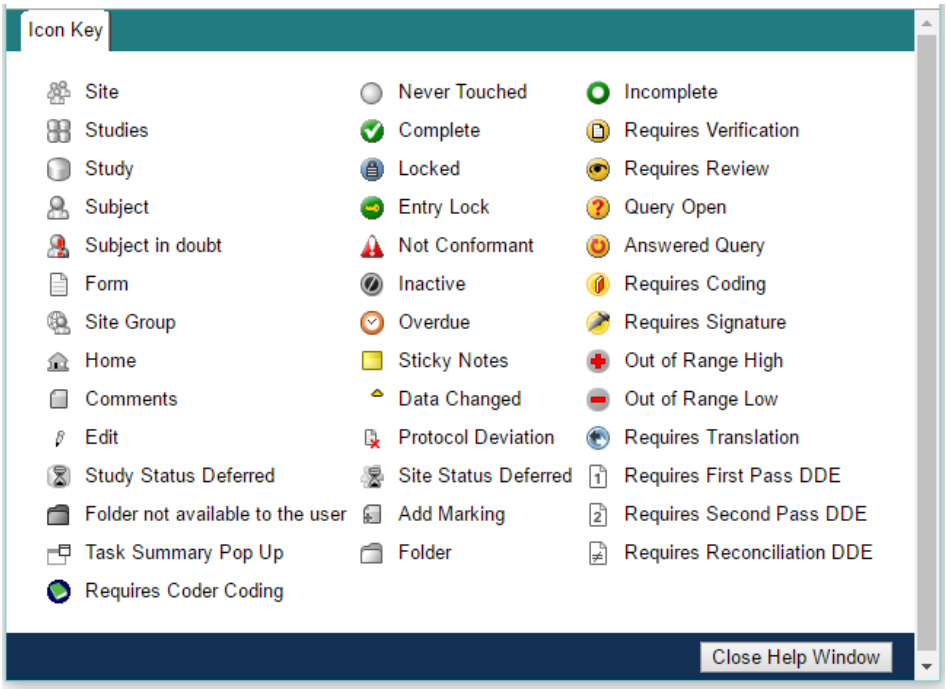
Dynamic Search Lists

- Some forms have data fields with 'dynamic' drop-down lists of available options. Options are populated by corresponding log form entries.
- Dynamic drop-down lists will be blank until entries are made and saved in the corresponding log form.
- Your selection in the dynamic search list can be deleted if entered in error.
- Changing the original log data or inactivating a log form entry that has been selected for a dynamic search list field, will make that field non-conformant and it will need to be updated.
- For Example:
    - An AE of '*FEVER*' started on 05DEC2017 and is reported on the Adverse Events log form
    - On the Concomitant Medications log form, if a listed medication was used for this AE, a dynamic search list can be used to select the applicable AE record from the dropdown list.
    - The start date for AE *'FEVER'* is corrected to 06DEC2017 on the Adverse Events log form.
    - The selection on the Concomitant Medication log form becomes non-conformant.
    - To resolve the non-conformant data, re-select the AE '*FEVER'* from the dynamic search list with the corrected start date.

Icon Key

A link to an Icon Key is available on the PTID (Subject)-level page. The key contains pictures and descriptions of the icons used in Rave. Below is a screen shot of the Icon Key.

Figure 1. Icon Key

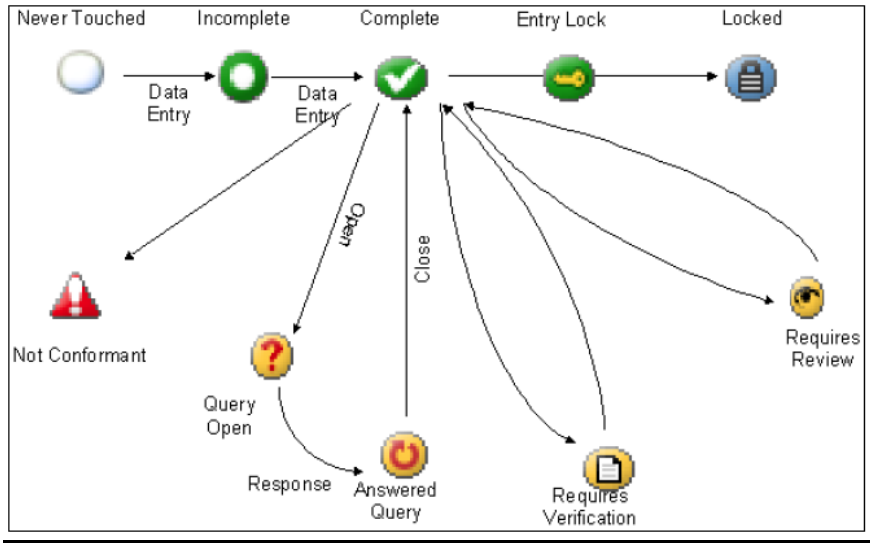


Icon Progression

The life cycle of participants, folders, forms, and fields follows a logical progression starting with “never touched” and moving toward “complete” and “locked”. Graphical icons are used throughout Rave to show status.

The following figure illustrates the status represented by each icon and the progression of icons through the life cycle.

Figure 2. Icon Progression



Task Summary

The Task Summary displays all pending tasks for the study. It displays the number of participants with outstanding tasks that need site review (see Figure 3); for example, open queries. Clicking on the arrow next to the task expands it to show the specific participants with open queries (see Figure 4). Clicking on a PTID will open the participant’s casebook.

Figure 3. Site-Level Task Summary

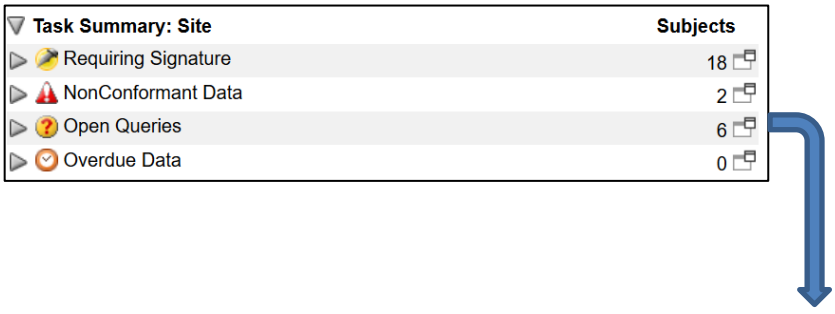
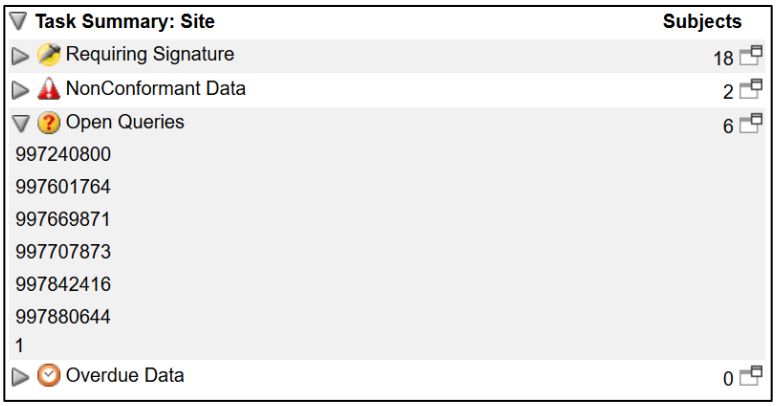
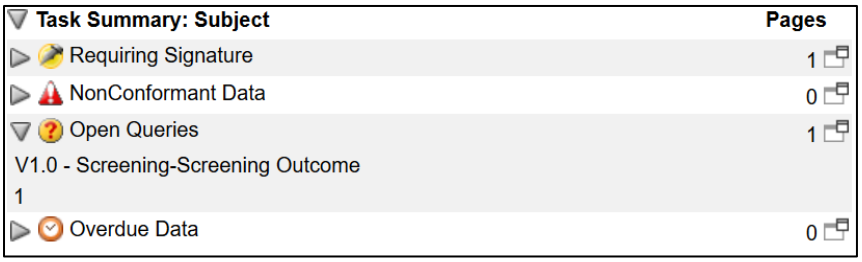


Figure 4. Site-Level Task Summary



At the Subject level, the Task Summary displays the number of pages for that participant that need site review. In Figure 5 below, there is one open query on the Screening Outcome form at V1.0 – Screening. In the expanded task summary view, clicking on this form link will open the form.

Figure 5. Subject-Level Task Summary



General Guidelines – Paper CRF Completion

CRF PDFs are generated from Rave and posted on the protocol webpage. When completing a paper CRF, refer to detailed instructions for data collection pertaining to the specific form and fields on that form in this document.

- Based on Good Clinical Practices (GCPs), refer to the following guidelines to complete paper CRFs:
  - Use a black or dark blue medium ballpoint pen. Do not use any other type of writing tool.
  - Print all data and comments legibly by hand. Do not use cursive/script handwriting.
  - Record data on the front side of the paper only.
  - If the spaces/lines provided for a response are not large enough, continue in another blank area of the paper CRF.
  - Mark only one answer unless instructions state to mark or select all that apply.
  - A response is required for every data field unless skip instructions are provided.
  - Do not use correction fluid (“White-Out”) or correction tape on paper CRFs.

Recording Dates – Rave Form and/or Paper CRF

- Dates are entered using the "DD MMM YYYY" format, where "dd" represents the two-digit day, "MMM" represents the three-letter abbreviation of the month (in capital letters), and "YYYY" represents the four digits of the year.
- Month abbreviations are shown below. In Rave EDC, these abbreviations are in a drop-down list in the month field.

Month	Abbreviation	Month	Abbreviation
January	JAN	July	JUL
February	FEB	August	AUG
March	MAR	September	SEP
April	APR	October	OCT
May	MAY	November	NOV
June	JUN	December	DEC

For example, record September 20, 2016 as: 

Recording Time - Rave Form and/or Paper CRF

- Use a 24-hour clock (00:00-23:59), where hours are designated from 0–23.
- Midnight is recorded as 00:00, not 24:00.

The following chart shows equivalencies between the 12- and 24-hour clocks:

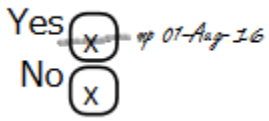
12-hour clock (a.m.)	24-hour clock	12-hour clock (p.m.)	24-hour clock
Midnight	00:00	Noon	12:00
1:00 a.m.	01:00	1:00 p.m.	13:00
2:00 a.m.	02:00	2:00 p.m.	14:00
3:00 a.m.	03:00	3:00 p.m.	15:00
4:00 a.m.	04:00	4:00 p.m.	16:00
5:00 a.m.	05:00	5:00 p.m.	17:00

6:00 a.m.	06:00	6:00 p.m.	18:00
7:00 a.m.	07:00	7:00 p.m.	19:00
8:00 a.m.	08:00	8:00 p.m.	20:00
9:00 a.m.	09:00	9:00 p.m.	21:00
10:00 a.m.	10:00	10:00 p.m.	22:00
11:00 a.m.	11:00	11:00 p.m.	23:00

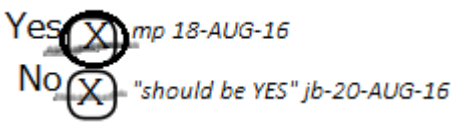
For example, record 2:25 p.m. as: 14 25 24-hour clock

Data Corrections and Additions - Rave Form and/or Paper CRF

- Data fields may need to be updated or corrected, such as in response to a query or after site review.
- If the source document is non-CRF in nature (i.e., lab report), it is sufficient to make data updates in the study database itself. If a paper CRF was completed, make changes to the paper CRF first and then enter the updated data into Rave.
- Use the standards below when changing, clarifying, or amending data:
  - Draw a single horizontal line through the incorrect entry. Do not obscure the entry or make it unreadable with multiple cross-outs.
  - Place the correct or clarified answer near the previous response.
  - If an **X** is marked in the wrong response box, correct it by doing the following:
    - draw a single horizontal line through the incorrectly marked box,
    - mark the correct box, and
    - initial and date the correction as shown below:



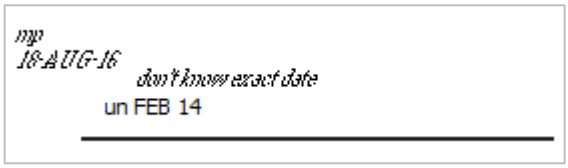
- If the correct answer has previously been crossed out, do the following:
  - circle the correct response,
  - write an explanation in the white space near the response, and
  - initial and date all corrections as shown below:



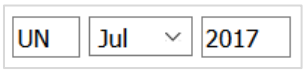
Missing and Unknown Data - Rave Form and/or Paper CRF

On paper CRF, if the answer to a required question is unknown, unavailable, or if the participant refuses to answer, draw a single horizontal line through the applicable question and initial and date. It is helpful to write “don’t know,” “refuses to answer,” “UNK” (unknown), “N/A” (not applicable), or “REF” (refused) near the fields.

- For example, when recording a date, if the exact day is not known, write “un” to designate the “dd” (or date) and write “don’t know” next to the response, as shown below. Initials and date are required for any data that are refused, missing, unknown, or not applicable, regardless of whether they are marked as such during the initial form completion, or as an update to the form.



- In Rave, where the data are missing or unknown, enter “UN” for the day and/or select ‘UNK’ from the drop-down list for the month.



Form-Specific Instructions

Adverse Event Y/N

Purpose:
This form is used to trigger the Adverse Event log.

General Instructions:
This form is in the "Ongoing Logs" folder and is only completed once, at the time the first adverse event is reported or at the end of the study if no adverse events are reported.

Field-specific Instructions:

Field	Instructions
Has the participant experienced an adverse event during the study?	• If "Yes" is selected, the **Adverse Event** log loads in the Ongoing Logs folder. • At the end of study participation, mark "No" if no adverse events have occurred.

Adverse Event

Purpose:
This form documents Adverse Events (AEs) reported by the participant or clinically observed as defined by the protocol.

General Instructions:

- Complete one log line for each adverse event (AE).
- Add additional log lines by clicking "Add a new Log line".
- Only list conditions that start on or after enrollment date.
- Record increases in severity/frequency as new events with corresponding start/stop dates. The original AE should have an Outcome Date equal to the Onset Date of the new AE.
- Note that decreases in severity (AE improvements) are not recorded as new AEs.

Field-specific Instructions:

Field	Instructions
Date Reported to Site	• Record the date the site first became aware of the AE. • A complete date is required

Field	Instructions
Adverse event (AE)	• Do NOT report vaccine related AEs here • Report ONLY AEs that last longer than 15 min from the time of swab collection • Describe the AE using medical terminology. • Record a diagnosis/anatomical location if available. • Whenever possible, provide a diagnosis instead of listing a cluster of symptoms. If no diagnosis is identified, each symptom must be recorded on a separate AE log line. • If a cluster of symptoms reported on separate Adverse Experience Log lines are later attributed to a single diagnosis, change the earliest reported symptom to the final diagnosis. In addition, inactivate the AE Log lines for the other symptoms by selecting the 'Inactivate' option [Note: Before inactivating the log line, make sure all queries for that AE page have been resolved].
Onset date	At minimum, month and year are required. If day is unknown, enter "UN" for the day. Record one of the following, as appropriate: • The date on which the participant reports first experiencing the AE. • If the AE is discovered during a study visit, record the date of the study visit. • If the AE is an abnormal lab result, record the date on which the specimen was collected.
At which visit was this adverse event first reported?	• Select visit the site first became aware of the AE • If an interim visit, select "Interim Visit".
Is the AE still ongoing?	• Select "Yes" if the AE is continuing at the time it is first reported. • Select "No" if the condition is no longer present or returned to pre-enrollment severity/frequency. • If a participant is taking a medication to control an AE that arose during study participation, it is not considered resolved. • If "Yes", leave Outcome Date blank.
If "No", outcome date	• If the AE is not ongoing, enter an outcome date. ○ At minimum, month and year are required. Record one of the following as appropriate: •

Field	Instructions
Severity grade	Record the severity grade as follows: Grade 1 (Mild) = awareness of a symptom but the symptom is easily tolerated Grade 2 (Moderate) = discomfort enough to cause interference with usual activity Grade 3 (Severe) = incapacitating; unable to perform usual activities; requires absenteeism or bed rest
Relationship to nasal swab collection	• Select “Related” or “Unrelated”
Other Actions Mark “None” or all that apply	• Select “None” or check all that apply. • Select “Medication(s)” only if participant reports taking medication as a result of the AE.. • Select ”Other” and in “If ‘Other’, specify” provide any relevant details. • .
Status/Outcome	• ***Recovered/Resolved:*** AE is no longer present or returned to the pre-enrollment severity/frequency. If a participant is taking a medication to control an AE that arose during study participation, it is not considered resolved. • ***Ongoing:*** AE is continuing and has not yet resolved or returned to baseline severity/frequency. • ***Recovered with sequelae:*** Participant has recovered from the AE, but with remaining effects or impairment. • ***Not recovered***: Whenever an AE is continuing at the time of participant termination from the study • ***Fatal:*** Update any other AEs continuing at the time of death to “Not Recovered” ○ .
Is this a serious adverse event according to ICH/GCP or protocol guidelines?	• If the AE is a Serious Adverse Event (SAE), complete the subsequent SAE criteria questions. Mark all of the SAE criteria that apply. • If the AE is not an SAE, skip to “Has or will this AE be reported as an SAE?”.
SAE onset date	• Provide the date the adverse event first meets ICH criteria for seriousness • A month and year are required
Comments	Comments are required for every AE. • Record pertinent details for relationship assessments. • When an AE is assessed as “not related,” an alternative etiology, or explanation should be provided in the ‘Comments’ section. • Record pertinent clinical information.

Call Log

Purpose:
This form is used to document phone contact with either participant, participant's parent, or guardian.

General Instructions:

- Complete one log for each phone call
- Add additional log lines by clicking "Add a new log line"
- Only list phone calls that occur after the Informed Consent was signed

Field-specific Instructions:

Field	Instructions
Call date	• Enter date in the DD MMM YYYY format • A complete date is required
Call time	• Enter time in the HH:MM format
Type of call	• Select from drop-down menu
Summary of interaction	• Provide a summary in the text field
Additional actions	• Select from drop-down menu • If "Other" is selected, provide details under 'If "Other", specify'
If "Other", specify:	• Provide a summary in the text field
Resolution	• Select from drop-down menu
Name of staff member	• Provide first and last name of the staff member that conducted the phone call

Call Log Y/N

Purpose:
This form is used to trigger Call Log.

General Instructions:
This form is in the "Ongoing Logs" folder and is only completed once, at the time a call (inbound/outbound) is conducted or at the end of the study if no phone contact is reported.

Field-specific Instructions:

Field	Instructions
Has there been a phone contact with the participant or participant's parent/guardian?	• If "Yes" is selected, the **Call Log** loads in the Ongoing Logs folder • At the end of study participation, mark "No" if no phone contact occurred

Contact Information

Purpose:
This form is used to record participant's date of birth, calculate age, and collect Novavax main study ID.

General Instructions:
Complete this form ONLY for consented participants.

Field-specific Instructions:

Field	Instructions
Novavax main study ID (ABXXX-XXXX)	• Record participant's ID from the parent study (Phase 3 efficacy trial of a SARS-CoV-2 recombinant spike protein (rS) vaccine with Matrix-M1™ (M1) adjuvant) • Use format ABXXX-XXXX, where AB is a country code (e.g. US), XXX is a 3-digit site number and XXXX is a 4-digit participant number
Date of birth	• Enter date in the DD MMM YYYY format • A complete date is required

Inclusion Exclusion Criteria

Purpose:
This form documents the Inclusion/Exclusion criteria and the Enrollment status of the participant. This CRF must be completed for every participant that has screened for the study regardless if they enroll or not.

General Instructions:
Complete this form at the time of Screening and Enrollment. Maximum 7 days between Screening and Enrollment is allowed.

Field-specific Instructions:

Field	Instructions
Has the participant screened for the study before?	• Mark "Yes" or "No"
If yes, record the first Rave PTID assigned:	• If participant screened for this study before, record the first PTID generated in Rave
Screening date	• Enter date in the DD MMM YYYY format • A complete date is required
Did the participant meet all eligibility criteria?	• Mark "Yes" or "No"
Eligibility status	• Select from drop-down menu • Select "Ineligible" if participant does not meet at least one of the Inclusion/Exclusion criteria
Date participant was found "Eligible/Not Enrolled", "Ineligible," or "Incomplete Screening"	• Enter date in the DD MMM YYYY format • A complete date is required
Select reason(s) why participant is ineligible.	• If participant is ineligible, select the reason from drop-down menu

If eligible, but participant declined enrollment, specify reason:	• Use text field to describe the reason
Was the participant enrolled in the study?	• Mark “Yes” or “No”
Date of enrollment (maximum 7 days between Screening and Enrollment is allowed)	• Enter date in the DD MMM YYYY format • A complete date is required

Informed Consent

Purpose: This form is used to document Informed consent/assent and a re-consent for participants that reach 18 years of age during the course of the study.

General Instructions:
Complete this form during the Screening visit. Do not collect any study data until an Informed consent is obtained.

Field-specific Instructions

Field	Instructions
Study Extension	• Mark if the consent is for Study Extension per protocol v4.0. Create an Interim visit to document the re-consent.
Informed consent type	• Select from drop-down menu
Informed consent date	• Provide the date the Informed consent (or reconsent) was signed • Provide date in the DD MMM YYYY format • A complete date is required
If parental/guardian or witness consent was selected above, did the minor participant give assent?	• Select “Yes” or “No” • Do not complete if the participant self-consented (at age 18 or older)
Date of assent	• Provide date when a minor participant (under 18 years of age) gave assent in the DD MMM YYYY format • A complete date is required • Do not complete if the participant self-consented (at age 18 or older)
Comment	• Enter any relevant comments (e.g., reason for re-consent)

Interim Visit Summary

Purpose:
This form is used to record procedures, assessments, and contact (phone or in person) with the participant that occurred outside of the study regular visits (Screening/Enrollment, Termination).

General Information/Instructions:
This form is required for each interim visit completed for a participant. Use the “Add Event” feature to dynamically create the Interim Visit folder, which will add an Interim Visit Summary eCRF to the participant’s casebook within the applicable Interim Visit folder.

Field-specific Instructions:

Field	Instructions
Interim visit Date	• A complete date is required
Interim Visit code	• Enter the applicable interim visit code. • The first interim visit will have code 1.1 • Interim visits must be in chronological order (1.1, 1.2, 1.3, etc.)
Did the participant exit/terminate the study at this visit?	• Select "Yes" or "No" • If "Yes", then complete the Study Termination eCRF within the Discontinuations folder
Were any new adverse events (AEs) reported at this visit? *If yes, please complete the AE Log.*	• Select "Yes" or "No" • Select "Yes" if at least one AE was newly completed for this visit. Navigate to the Ongoing Logs folder to complete an entry for the applicable AE(s).
Reason for interim visit	• Provide a reason in the text field
If other, specify	• If "Other" is marked as a reason for interim visit, then specify the reason in the text field provided.

Participant Identifier

Purpose:
This form generates a PTID for the participant. Complete this form first for each participant.

Field-specific Instructions:

Field	Instructions
Participant ID	• To add a participant to the study database, select the 'Add Subject' link on the study home page. The Participant Identifier form will load. • No data are required from the site on this form. Click the "Save" button at the bottom of the form. A pop-up box will appear to indicate that a participant has been added to the database. The participant's home page will appear. • The link for the Participant Identifier form is at the top of each participant's home page. PTID will appear on each form in participant's casebook. • The PTID must be written at the top of each CRF PDF completed for a participant. • The first three digits of each PTID is the Rave site ID number.

Participant Receipt

Purpose:
Complete this form when a participant is transferring to your site from another study clinic/site.

General Instructions:
This form is completed by the receiving site. Contact SCHARP (jstrakov@scharp.org; jhngo@scharp.org) if you need this form added to EDC.

Item-specific Instructions:

Field	Instructions
Name of receiving study site:	• Select the applicable site from the dropdown list
Name of transferring study site:	• Select the applicable site from the dropdown list
Date informed consent signed at receiving site	• A complete date is required

Participant Transfer

Purpose:
Complete this form when a participant is transferring from your site to another study clinic/site.

General Instructions:
This form is completed by the transferring site (the site the participant is leaving). Contact SCHARP (jstrakov@scharp.org; jhngo@scharp.org) if you need this form added to EDC.

Item-specific Instructions:

Field	Instructions
Name of transferring study site:	• Select the applicable site from the dropdown list
Name of receiving study site:	• Select the applicable site from the dropdown list
Visit Code of last completed contact with participant	• Select the applicable VISIT from the dropdown list • If interim visit, select "Interim Visit Code"
Interim Visit Code	• Enter interim visit code, if applicable
Date participant records were sent to receiving study site	• A complete date is required

Study Termination

Purpose:
This form documents participant's termination from the study.

General Instructions:
Complete this form for each enrolled participant at either the scheduled exit/end of study visit or when the participant is confirmed to no longer be participating in the study. This form is in the Discontinuations folder.

Field-specific Instructions:

Field	**Instructions**
Date of study exit	A complete date is required
Primary reason for completion/ discontinuation	• Select from the drop-down menu
If "Other", specify	• If the primary reason is "Other, specify", then provide additional details in the text field provided
If "Death", enter date of death	• If the primary reason is "Death", provide the date of death A complete date is required

If “Adverse Event”, select applicable adverse event	• Select the applicable AE from the list of AEs in the drop-down menu • When more than one AE is associated with termination, record the AE that most strongly influenced the decision to terminate

Change History

Summary of Changes to Study CRF Completion Guidelines

Version		Affected Section(s) or Form(s)	Summary of Revisions
Number	**Date**		
1.0	25MAY2021	All sections	Original Document
2.0	2JUL2021	Form Specific Instructions	• Protocol Deviation Y/N and Protocol Deviations removed. • Contact information / Novavax main study ID updated • AE log form instructions updated • Interim visit form instructions updated
3.0	7SEP2021	Form Specific Instructions	• Adverse Event • Interim Visit Summary
4.0	23SEP21	Form Specific Instructions, Participant transfer/receipt	• Informed consent updated with a new field • New forms added: Participant transfer and Participant receipt
5.0	18OCT21	Informed Consent, Interim visit summary	• Informed consent data – instructions updated • Interim visit summary – instructions updated