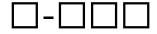


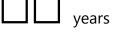


Study Visit: Screening Screening demographic

Subject ID (Screening number) Should be enter in A/B – XXXX format Example: A-123



Subject Age



Body Temperature



Sex

□ Female

Birth control:

🗆 Yes

□ Oral contraceptives

□ Implant

□ Transdermal patch

🗆 No

Lactating: □ Yes □ No

Laboratory Test

Urine Pregnancy test

 \Box Positive \Box Negative \Box Not done

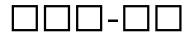
Eligibility Criteria Check in the box if the subject meets the criteria

Inclusion Criteria			
Yes	No		
		Aged 18 to 60 years on the day of inclusion	
		Able to provide written informed consent prior to any study procedure	
		For female participants, must have negative urine pregnancy test at enrollment <u>and</u> willing to take reliable birth control measures for 1 month after vaccination	
		Able to attend all scheduled visits and to comply with all trial procedures	
Exclusion Criteria			
Yes	No		
		Pregnant, lactating women or female who intends to become pregnant during the study	
		period	
		Receipt of any vaccine during the 4 weeks preceding the trial vaccination or	
		planned receipt of any vaccine during the 3 weeks following the trial vaccination	
		Vaccination against influenza (in a clinical trial or a flu vaccination campaign) or	
		Self-reported history of influenza infection (having influenza-like illness) in the past 6 months	
		Febrile illness (body temperature \geq 38.0°C) on the day of vaccination	
		Chronic illness that, in the opinion of the investigator, is at a stage where it might interfere	
		with trial conduct or completion or would increase the risk to the individual by participating	
		in this study	
Subje	Subject is eligible for participating in study Yes		

Study Visit: Enrollment Subject Data

Subject Randomization Number

Should be enter in XXX-XX format Example: 123-45



Laboratory Test

Blood Collection for Pre-dose HAI Titer

□ Done

□ Not done

Result:

HAI Titer Enter in ratio format Example: 1:40

Vaccine Administration

Time of vaccine administration

Enter in 24 hr. format

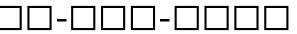


Type of Vaccine Administered

□ Trivalent Influenza Vaccine (TIV)

□ Quadrivalent Influenza Vaccine (QIV)

Date of visit (DD-MMM-YYYY)



Randomization Group

□ Trivalent Influenza Vaccine (TIV)

□ Quadrivalent Influenza Vaccine (QIV)

Time of time collection *Enter in 24 hr. format*



Quantity of vaccine

