Site Number: __ __ __ __ Screening ID: __ __ __ __ - __ Participant Letters: __ __ __

The PhiX174 Immunization Course consists of 2 intravenous immunizations administered 6 weeks apart. Participants consenting to participate will undergo 2 courses.
The first course begins 3 weeks after the last rituximab infusion at Week 6:

- The first immunization is administered at Week 6. A pre-immunization serology specimen is drawn prior to the immunization. The line is flushed and a 15-minute post-immunization specimen is drawn 15 minutes after the immunization.
- The second immunization is administered at Week 12. A pre-immunization serology specimen is drawn prior to the immunization. The line is flushed and another 15-minute post-immunization specimen is drawn 15 minutes after the immunization.

The second course begins at Week 52:

- The first immunization is administered at Week 52. A pre-immunization serology specimen is drawn prior to the immunization. The line is flushed and a 15-minute post-immunization specimen is drawn 15 minutes after the immunization.
- The second immunization is administered at Week 58. A pre-immunization serology specimen is drawn prior to the immunization. The line is flushed and a 15-minute post-immunization specimen is drawn 15 minutes after the immunization.

Additional serology specimens are drawn at other weeks (*Weeks 7, 8, 10, 13, 14, 16, 53, 54, 56, 59, 60, and 62*). See Visit Checklists and assigned Schedule of Assessments for more information.

Complete this form at Weeks 6, 12, 52, and 58 if participant is enrolled in PhiX174 Immunization Course.

A. VISIT INFORMATION

1. Visit Date: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

2. For which visit is this form being completed? *(check one)*

☐ 7 Week 6 ☐ 11 Week 12 *(Month 3)* ☐ 18 Week 52 *(Month 12)* ☐ 22 Week 58 ☐ 99 Other

If OTHER,
a. Specify: _____

3. Was the participant given his/her weight-adjusted dose of PhiX174 intravenously at this visit? Y N

If NO, a. Explain: _____

4. Was the pre-immunization serology specimen collected at this visit? Y N

If NO, a. Explain: _____

5. Was the 15-minute post-immunization specimen collected at this visit? Y N

If NO, a. Explain: _____

B. PHIX174 ADMINISTRATION

1. Participant Weight: __ __ __.__ kg

Total dose = 0.022 ml x participant weight (kg)

2. Total dose of PhiX174 injected: __ . __ __ ml

C. PROBLEMS

1. Did the participant experience any problems during this visit? Y N

If YES, a. Explain: _____

Complete an Adverse Event Report Form (**RIT13**) *(if applicable)*.

Initials (first, middle, last) of person completing this form: __ __ __ (F M L)

Date form completed: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*

Site Number: __ __ __ __ Screening ID: __ __ __ __ - __ Participant Letters: __ __ __

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