

## RSV Vaccine Study











### Participant Instructions

- ✓ **You will have a total of 7 clinic visits.**
- ✓ **We will call you every 1-2 weeks** until about a month after RSV season is over to ask about symptoms of possible RSV illness.
- ✓ **If you do have symptoms of RSV illness**, we will ask you to come in for an extra study visit so that we can use a swab to take a sample from your nose and throat.
- ✓ **Please call us as soon as possible if you have any respiratory symptoms** (runny or stuffy nose, cough with or without sputum, sore throat, wheezing, or shortness of breath).
- ✓ Please call us to report any **hospitalizations or serious medical events**.
- ✓ **Do not get any non-urgent vaccines** without consulting the study staff for appropriate timing.
- ✓ **Do not sign up for other medication/vaccine studies** until after your final study visit (about a year after enrollment).

**Study Nurse:** 206-287-4267 Office (If non-urgent)  
1-888-619-2620 Toll-free office (If non-urgent)  
**1-866-880-4081 On-call nurse (24 hours)**

**Please note:** During the study, medical concerns or questions not related to the study should be followed up in the usual way with your primary care provider or (if you are a Group Health member) the GHC consulting nurse: toll-free 1-800-297-6877.

## Table of Study Activities

<b>Visit 1</b> Day 0	 	Day _____ Date ____/____/____ Time ____:____AM/PM
<b>Visit 2</b> Day 14		Day _____ Date ____/____/____ Time ____:____AM/PM
<b>Visit 3</b> Day 28		Day _____ Date ____/____/____ Time ____:____AM/PM
<b>Visit 4</b> Day 56		Day _____ Date ____/____/____ Time ____:____AM/PM
<b>Visit 5</b> Day 112		Day _____ Date ____/____/____ Time ____:____AM/PM
<b>Visit 6</b> Day 182		Day _____ Date ____/____/____ Time ____:____AM/PM
<b>Visit 7</b> Day 364		Day _____ Date ____/____/____ Time ____:____AM/PM



Blood draw



Study Vaccine