

Visit Number	Study Day	Date	Study Event Schedule	Compensation Non-Military and Off-Duty Military	Compensation Active Duty Military or on-duty Federal Employees
Screening	-90 to -2		Sign the informed consent form, provide a medical history, provide urine and blood samples, take a urine pregnancy test (if female), have a physical exam, review any medications taken	\$25	\$25
1	0		Take a urine pregnancy test (if female), review any medications taken , have a physical exam, provide a blood sample, receive diary card for recording side effects and thermometer, receive injection 1	\$100	\$50
2	2		Have a physical exam, review any medications taken, review diary card	\$50	\$25
3	7		Have a physical exam, provide a blood sample, review any medications taken, review diary card	\$100	\$50
4	28		Take a urine pregnancy test (if female), have a physical exam, provide a blood sample, review diary card, receive injection 2	\$100	\$50
5	30		Have a physical exam, review any medications taken, review diary card	\$50	\$25
6	35		Have a physical exam, provide a blood sample, review any medications taken, review diary card	\$100	\$50
7	56		Have a physical exam, provide a blood sample, review any medications taken, review diary card	\$100	\$50
8	Month 4		Have a physical exam, provide a blood sample, review any medications taken, review diary card	\$100	\$50
9	Month 7		Have a physical exam, provide a blood sample, review any medications taken, review diary card	\$100	\$50
10	Month 10		Have a physical exam, provide a blood sample, review any medications taken, review diary card	\$100	\$50
Final Visit	Month 13		Have a physical exam, review any medications taken, have a physical exam, provide a blood sample, review diary card	\$100	\$50

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