University of Rochester
Study Protocol Name / #: Observing the Effect of Sunshine on Mood in Adults / 97531

Visit Date: 05/ MAR/ 2010 (dd-mmm-yyyy)  Subject Initials AB  ID: A001

Screening/Baseline Visit

*Note: Screening/Baseline Tests must be conducted within a 21-day period before initial study drug administration or tests will have to be repeated.*

Has patient signed Informed Consent prior to any study related procedures? YES  NO

Date of Consent: 05/MAR/2010 (dd/mmm/yyyy)  Copy of signed Informed Consent given to subject. YES  NO

Height & Weight Assessment/Vital Signs (Shoes off)

Time: 13:51p (24 hour clock)

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Weight (kg)</th>
<th>Temp (°C)</th>
<th>Respiration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>152</td>
<td>60</td>
<td>36.7</td>
<td>16</td>
</tr>
</tbody>
</table>

Blood Pressure and Heart Rate (sitting and supine)

<table>
<thead>
<tr>
<th>Sitting</th>
<th>Blood Pressure (mmHg)</th>
<th>Heart Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Systolic/Diastolic</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>120/80</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supine</th>
<th>Blood Pressure (mmHg)</th>
<th>Heart Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Systolic/Diastolic</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>118/94</td>
<td></td>
</tr>
</tbody>
</table>
University of Rochester
Study Protocol Name / #: Observing the Effect of Sunshine on Mood in Adults / 97531

Visit Date: 05/MAr/2010 Subject Initials SB ID: 61-001

Laboratory Tests*

Time: 14:15 (24 hour clock)

☑ Complete Local Lab Requisition.

☒ *Serum Chemistry- ALT, AST, Creatinine, Alk Phos, Creatinine, Hemoglobin

(For females of child bearing potential only)
☐ Serum B-HCG or ☐ N/A (Indicate below)
  ☐ >2 yrs post menopause (Year of menopause _____________)
  ☐ Surgically sterilized
  ☐ Other (Specify): ___________________________________________________________________

☐ Results of Pregnancy Test (For females of child bearing potential only):
  ☐ Positive * (Not Eligible to be enrolled)
  ☐ Negative

Laboratory Tests for Central Labs

Time 14:20 (24 hour clock)

☑ Complete Central Lab Requisition.
  ☐ Hematology
  ☐ Chemistry
  ☐ Coagulation
  ☐ Trough serum digoxin – for pt on digoxin only
  ☒ Urinalysis

☐ List labs not done/reason:

*Any abnormal laboratory results must be assessed by the Investigator for possible clinical significance. Any clinically significant laboratory abnormalities and their subsequent follow up are to be documented in the source documents. Clinically significant laboratory abnormalities must be included on the Adverse Events CRF page.

12 - Lead ECG (Investigator to review for clinical abnormalities and sign/date).
  ☐ Completed ECG.
  ☒ Print out 2 ECG reports and have Investigator review and sign both copies.

Were all screening procedures completed? ☐ YES ☐ NO
If no explain:

Page 2 of 4

Study Staff Initials: 94

15-Apr-13
University of Rochester
Study Protocol Name / #: Observing the Effect of Sunshine on Mood in Adults / 97531

Visit Date: 15/MAR/2010
(dd-mm-yyyy)

Subject Initials: SKE
ID: 07-021

PI / Physician’s Checklist

☑ Review/ Sign Informed Consent and answer any questions with Patient
☑ Review and sign off Medical History
☑ Review Screening Inclusion/ Exclusion Criteria for enrollment considerations to date
☑ Complete physical exam
☑ Review and sign off ECG
☑ Review methods of birth control for females of child bearing potential
☑ Review and sign Pregnancy/Lab results

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Page 2 of 4

Study Staff Initials: 46

15-Apr-13
University of Rochester
Study Protocol Name / #: Observing the Effect of Sunshine on Mood in Adults / 97531

Visit Date: 15/MAR/2010
Subject Initials: SMR
ID: 01-007

Physician/Investigator
Physical Exam

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NORMAL</th>
<th>ABNORMAL If yes:</th>
<th>CS</th>
<th>NCS</th>
<th>COMMENTS (Comment if Abnormal: Clinically Significant or Not Clinically Significant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EYES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEART</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEST/LUNGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABDOMEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFLEXES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYMPH NODES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NERVOUS SYSTEM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXTREMITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Investigator’s Signature: [Signature]
Date: 15/MAR/2010 @ Time: 15:00
(dd/mm/yyyy) (24 hour clock)

Page 4 of 4

Study Staff Initials: [Signature]
15-Apr-13