

## Antibody Testing

Did you receive an antibody test? \*

- Yes, I was tested at least once for antibodies
- No, I was NOT tested at all for antibodies

How many times were you tested for antibodies? \*

What was your antibody test result? \*

- I tested positive for both (IgG and IgM) antibodies
- I only tested positive for IgM antibodies
- I only tested positive for IgG antibodies
- I don't know the antibodies type but I tested positive.
- I tested negative for antibodies

If you tested positive and your test included a titer value, what was the value for IgM?

If you tested positive and your test included a titer value, what was the value for IgG?

What type of test was it? \*

- Blood Draw
- Blood Finger Prick

Enter the date of the antibody test (if you don't remember the exact date, enter an estimate). \*

| | |

	Month	Day	Year
Please Select:	<input type="text"/>	<input type="text"/>	<input type="text" value="2020"/>

Was this an estimated date?

This was an estimated date

Who was the manufacturer of the test? (Please only select the specific manufacturer if you are certain. Otherwise select "I don't know.") \*

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> Abbott     | <input type="radio"/> Ortho-Clinical Diagnostics Vitros |
| <input type="radio"/> Roche      | <input type="radio"/> DiaSorin                          |
| <input type="radio"/> Mt. Sinai  | <input type="radio"/> I don't know                      |
| <input type="radio"/> EuroImmuno |   |

Do you have another antibody test to report? \*

- Yes  
 No

What was your antibody test result? \*

- I tested positive for both (IgG and IgM) antibodies  
 I only tested positive for IgM antibodies  
 I only tested positive for IgG antibodies  
 I don't know the antibodies type but I tested positive.  
 I tested negative for antibodies

If you tested positive and your test included a titer value, what was the value (in mg/dL) for IgM? \*

If you tested positive and your test included a titer value, what was the value (in mg/dL) for IgG? \*

What type of test was it? \*

- Blood Draw
- Blood Finger Prick

Enter the date of the antibody test (if you don't remember the exact date, enter an estimate). \*

	Month	Day	Year
Please Select:	<input type="text"/>	<input type="text"/>	<input type="text" value="2020"/>

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| <input type="radio"/> Roche      | <input type="radio"/> DiaSorin                          |
| <input type="radio"/> Mt. Sinai  | <input type="radio"/> I don't know                      |
| <input type="radio"/> EuroImmune |   |

Do you have another antibody test to report? \*

- Yes  
 No

What was your antibody test result? \*

- I tested positive for both (IgG and IgM) antibodies  
 I only tested positive for IgM antibodies  
 I only tested positive for IgG antibodies  
 I don't know the antibodies type but I tested positive.  
 I tested negative for antibodies

If you tested positive and your test included a titer value, what was the value for IgM? \*

If you tested positive and your test included a titer value, what was the value for IgG? \*

What type of test was it? \*

- Blood Draw
- Blood Finger Prick

Enter the date of the antibody test (if you don't remember the exact date, enter an estimate). \*

	Month	Day	Year
Please Select:	<input type="text"/>	<input type="text"/>	<input type="text" value="2020"/>

Was this an estimated date?

- This was an estimated date

Who was the manufacturer of the test? (Please only select specific manufacturer if you are certain. Otherwise select "I don't know.") \*

- Abbott
- Roche
- Ortho-Clinical Diagnostics Vitros
- DiaSorin

- Mt. Sinai
- EuroImmun

I don't know