

Center's for Global Health COVID-19 Serology Control Panel Request Form

Institution: _____
 Address: _____
 State: _____
 City/Zip: _____
 County: _____
 Country: _____

Name of User Filling Out This Form: _____
 Phone (please include country code): _____
 Email 1: _____
 Email 2: _____
 Name of Assay: _____
 Manufacturer: _____
 Who will receive the CSCP (if different from requestor): _____

What will the CSCP be used for at your facility?

- Training COVID-19 Serology Test Comparison
 Quality Control Multi-Center Research Study Other
 (please specify): _____

Are you using the WHO Unity protocols? If yes, please describe
 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations>)

How much volume does your assay require for testing? (please include units): _____

Test Format

- | | | |
|---|---|---|
| <input type="checkbox"/> Lateral Flow Test (LFT) | <input type="checkbox"/> Electrochemiluminescence Immunoassay (ECLIA) | <input type="checkbox"/> Particle agglutination test |
| <input type="checkbox"/> Enzyme-linked Immunosorbent Assay (ELISA) | <input type="checkbox"/> Chemiluminescence Immunoassay (CLIA) | <input type="checkbox"/> Radioimmunoassay (RIA) |
| <input type="checkbox"/> Recombinant Pseudovirus Neutralization Test (RPVNT) | <input type="checkbox"/> TZM-bl antibody-mediated neutralization | <input type="checkbox"/> Fiber-based Fluorescent Microsphere Immunoassay (FMIA) |
| <input type="checkbox"/> Chemiluminescent Microparticle Immunoassay (CMIA) | <input type="checkbox"/> Indirect Fluorescent Antibody Test (IFA) | <input type="checkbox"/> Other |
| <input type="checkbox"/> High Throughput Enzyme-linked Immunosorbent Assay (HE-ELISA) | <input type="checkbox"/> Recombinant Immunoblot Assay (RIA) | Please specify _____ |

Antibodies Detected by Assay	Result Format	Viral Proteins Used for Detection
<input type="checkbox"/> IgM	<input type="checkbox"/> Pos, Neg, Unk <input type="checkbox"/> Numeric <input type="checkbox"/> Both	<input type="checkbox"/> N
<input type="checkbox"/> IgG	<input type="checkbox"/> Pos, Neg, Unk <input type="checkbox"/> Numeric <input type="checkbox"/> Both	<input type="checkbox"/> S1
<input type="checkbox"/> Total IgM, IgG	<input type="checkbox"/> Pos, Neg, Unk <input type="checkbox"/> Numeric <input type="checkbox"/> Both	<input type="checkbox"/> S2
<input type="checkbox"/> IgA	<input type="checkbox"/> Pos, Neg, Unk <input type="checkbox"/> Numeric <input type="checkbox"/> Both	<input type="checkbox"/> RBD
<input type="checkbox"/> Total IgM, IgG, IgA	<input type="checkbox"/> Pos, Neg, Unk <input type="checkbox"/> Numeric <input type="checkbox"/> Both	<input type="checkbox"/> Other
<input type="checkbox"/> Other (please specify _____)	<input type="checkbox"/> Pos, Neg, Unk <input type="checkbox"/> Numeric <input type="checkbox"/> Both	Please specify _____

My institution is able to pay for the shipment of the CSCP kit to my laboratory Yes | No

If yes, please provide courier information below:

Courier Name (FedEx, QuickSilver, UPS, etc): _____ Courier account number: _____

Point of Contact (POC) for shipment related questions: _____

POC phone number: _____ POC email address: _____

Completed CSCP request forms and additional information or comments can be emailed to: COVIDpanel@ucdenver.edu

Completed CSCP request forms can be mailed to the following address:
 Attn: CSCP: 13001 East 17th Place, Aurora, Colorado 80045, United States of America

