

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

Institution: _____	Name of User Filling Out This Form: _____
Address: _____	Phone (please include country code): _____
State: _____	Email 1: _____
City/Zip: _____	Email 2: _____
County: _____	Name of Assay: _____
Country: _____	Manufacturer: _____

**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 _____

Assay Detection	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 _____

Sample ID (e.g. CP100000)	Results (e.g. Positive, Negative, 500 aby / uL, etc.)
Sample 1 ID#: _____	Sample 1 Result: _____
Sample 2 ID#: _____	Sample 2 Result: _____
Sample 3 ID#: _____	Sample 3 Result: _____
Sample 4 ID#: _____	Sample 4 Result: _____
Sample 5 ID#: _____	Sample 5 Result: _____

Completed CSCP result forms and additional information or comments can be emailed to: [COVIDpanel@ucdenver.edu](mailto:COVIDpanel@ucdenver.edu)

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

