

Protocol: IG-20210802_243

1. Is the duration of your illness more than five years?
YES (what is the duration?) / NO
2. Has any treatment been used in the last 90 days?
YES (medications, dosages, duration) / NO
3. Are you in remission for more than 90 days?
YES / NO
4. Have you been treated with monoclonal antibody immunotherapy?
YES (which ones?) / NO
5. Do you have any comorbid chronic conditions?
YES (which ones?, duration) / NO
6. Has RA manifestation been preceded by an infectious disease?
YES (which ones? List only those confirmed by diagnosis) / NO
7. Do you have any other autoimmune diseases?
YES (which ones, duration?) / NO
8. Have you had an immunologic screening in the last 90 days?
YES (results: B and T lymphocytes, white blood cells, etc.?) / NO
9. Has a biochemical blood test been done in the last 90 days?
YES (Rheumatoid factors, antibodies to citrullinated proteins?) / NO
10. Have you had serum IL-17 and IL-26 assays ?
YES (results ?) / NO
11. Do you currently have any gum, dental, or intestinal diseases?
YES (what kind, duration?) / NO

12. Have you had a blood transfusion before?

YES/NO

13. Were you exposed to radioactive radiation or hypothermia (frostbite) before you had your first symptoms?

YES/NO

14. Do you have bad habits (smoking)?

YES/NO

15. Have you had your synovial fluid tested?

YES (results) / NO

16. Are you younger than 50 years of age?

YES/NO

After you answer all the questions, you need to send us an email (dongpharr19@gmail.com) with the answers, stating the protocol number, then the question number and the answer.

Also in the subject of the letter, also be sure to specify the number of the protocol.

Your application will be considered as soon as possible. If the information we receive from you fully meets the criteria for inclusion in the clinical trial, we will contact you within 7 days of receipt of your questionnaire email.