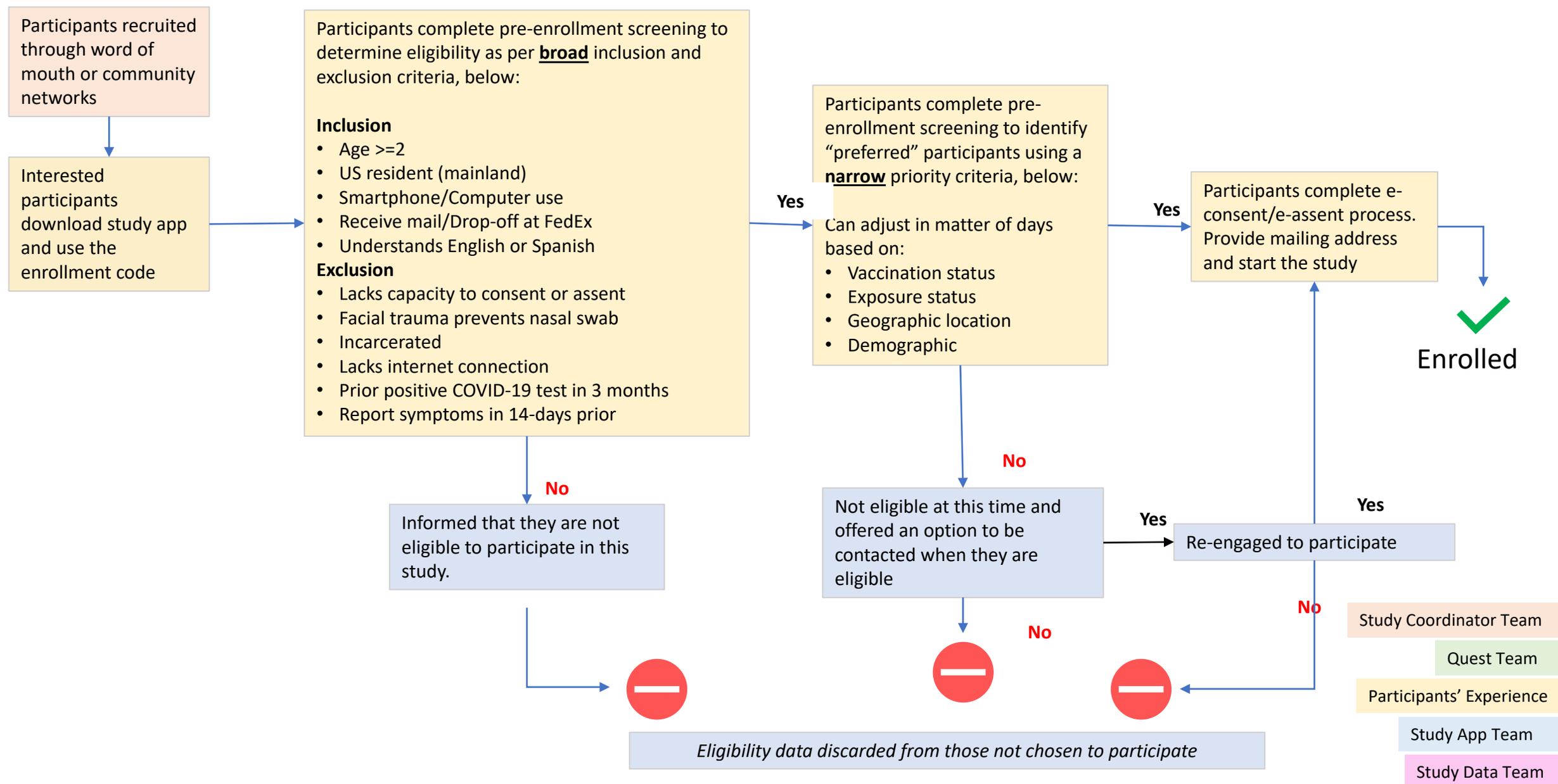


**Supplemental Figures:
Study Workflow for Test Us At Home**

Supplemental Figure 1: Enrollment process



Supplemental Figure 2: Screenshot of Study App For Determining Preferred Status

COVID-19 Exposure History

How many times have you tested positive for COVID-19?

0

Have you had close contact with someone who tested positive in the past 7 days?

Yes

No

Have you ever received a COVID-19 vaccine?

Yes

No

Next

Vaccination status may be used to determine if eligible participant is preferred at that time.

How many vaccine doses have you received?

1 dose

2 doses

Other

I don't know

Next

Sub-questions may populate depending on participant answer, such as vaccine date, type, etc.

What was the date of your first COVID-19 vaccine?

(OK to guess if unsure)

09/01/2021

Next

Which company's COVID-19 vaccine did you receive?

AstraZeneca

Janssen (Johnson & Johnson)

Moderna

Novavax

Pfizer

Other

I don't know

Next

Contact Information

Please enter your contact information. If you are selected for this study, the free at-home COVID tests will be shipped to this address.

The study team is unable to ship packages to P.O. Boxes.

First Name Required

Middle Name Optional

Last Name Required

Phone Number Required

Email Address Required

Sex Required

Next

Geographic location (shipping address) may be used to determine if eligible participant is preferred at that time.

Address Confirmation

If you are eligible to receive an at-home COVID Testing Kit, we will ship the kit to:

248 MCKIBBEN ST
BROOKLYN, NY 11206-3577

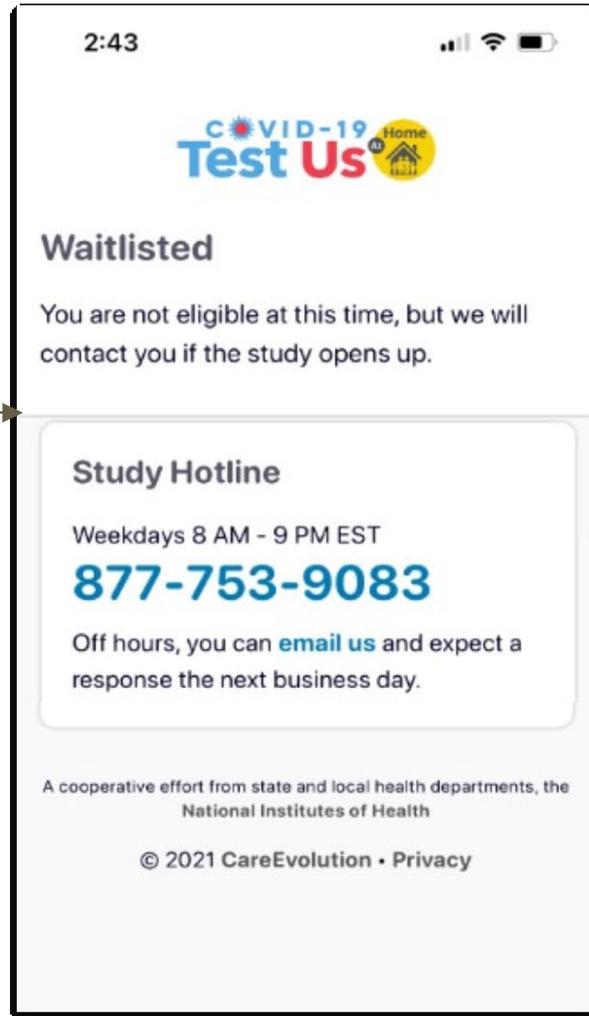
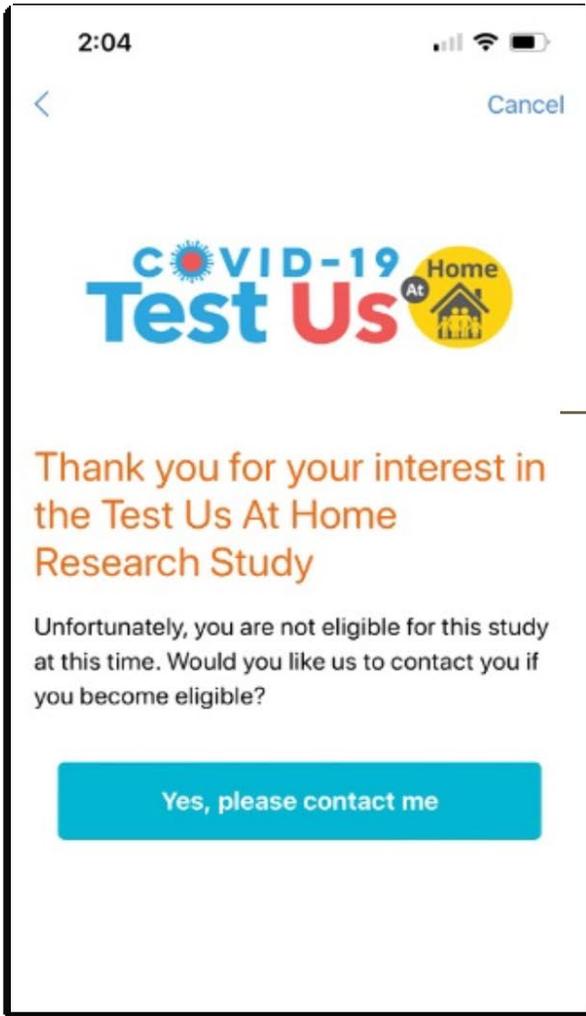
If this is incorrect, please select "Back" above to correct your address.

Next

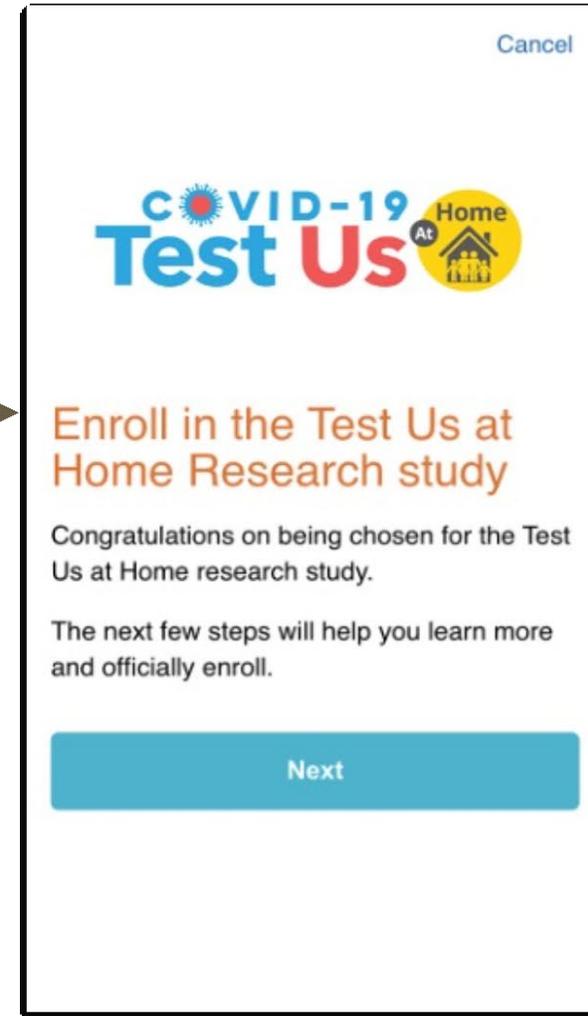
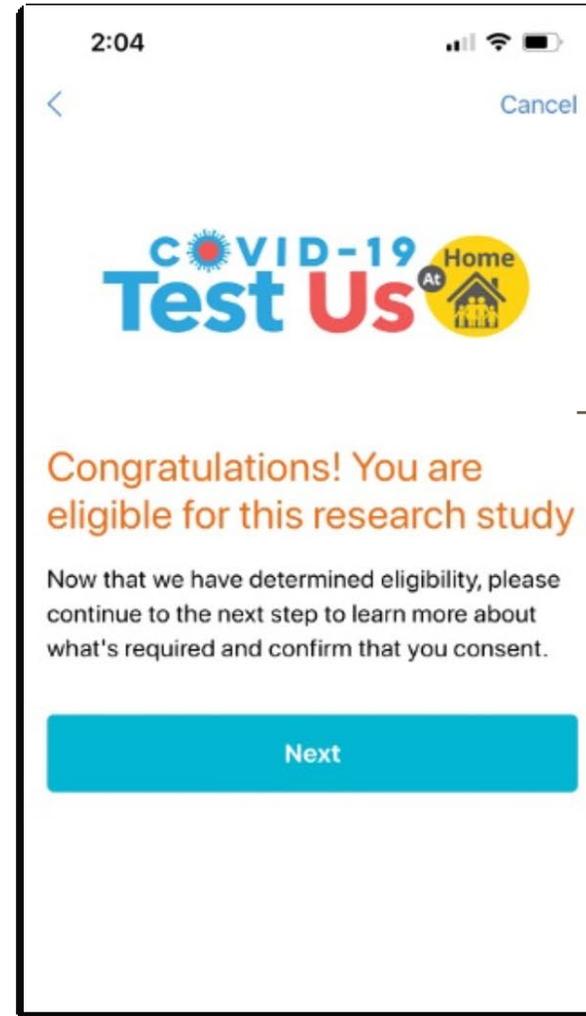
Depending on preferred status criteria at that time, participants will be enrolled or placed on waitlist (Supplemental Figure 3).

Supplemental Figure 3: Screenshot of Study App For Waitlisted and Preferred Participants

Eligible but Not Preferred Placed on Waitlist



Eligible and Preferred Continue to Enrollment



Supplemental Figure 4: Screenshots of Study App Consent Flow

2:34 📶 🔋

< Cancel

Patient Informed Consent Form (ICF)

Test Us At Home

IRB Protocol
#20214875

Sponsor
Department of Health and Human Services
(HHS/NIH/NCI/NHLBI/NIAD)

INVESTIGATOR(S)
Apurv Soni MD, PhD
UMass Chan Medical School
55 Lake Avenue North
Worcester, MA - 01655
USA

Study-related phone numbers
Study Coordinator: **877-753-9083**

In this consent form, "you" always refers to the participant. If you are a parent or guardian, please remember that "you" refers to the study participant.

RESEARCH CONSENT SUMMARY
You are being asked for your consent to take part in a research study. This document describes the

2:34 📶 🔋

< Cancel

Statement of Consent

Your signature documents your permission for you to take part in this research.

Your signature indicates that this Study has been explained to you, that your questions have been answered, and that you agree to take part in this Study. Your signature also indicates your consent to the collection, use, and sharing of your Study Information with the Recipients listed above for the purposes described in this form.

First Name Required

Last Name Required

Next

2:34 📶 🔋

< Cancel

Signature

Please sign using your finger on the line below.

Sign Here

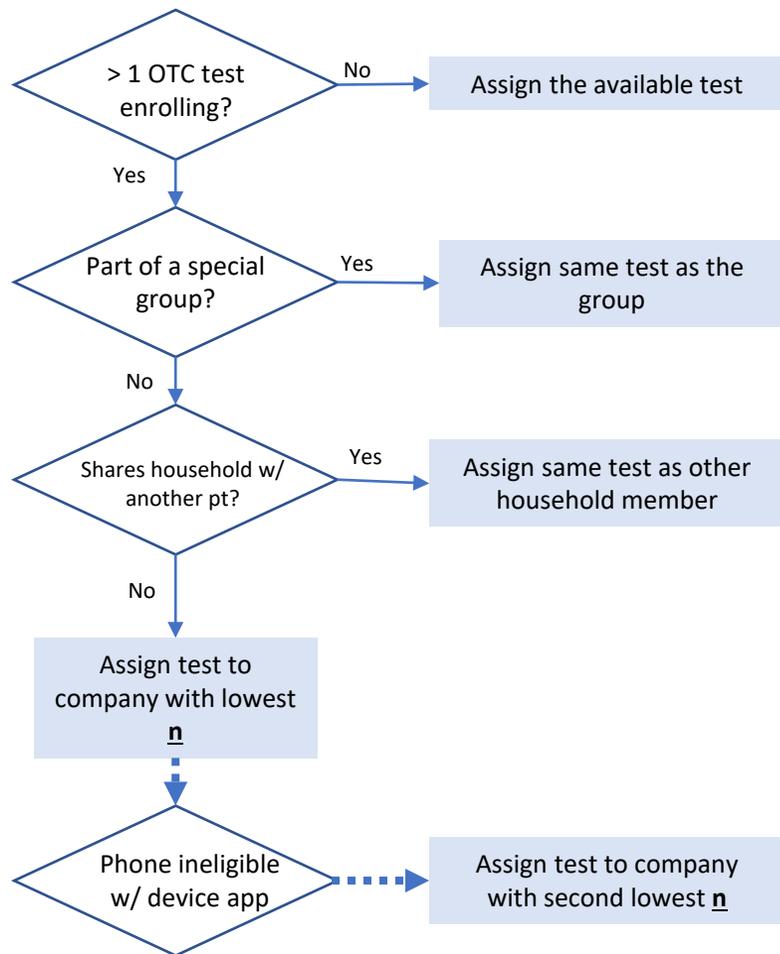
Next

Supplemental Figure 5: Participant Compensation

Criteria	Amount
Participants complete 1 OTC test and 1 at home sample collection* on designated test day	\$20 per test day (days 1- 13)
Participants complete at least 5 OTC tests and at home sample collections* <u>and</u> complete all of the study related activities^	\$30 bonus
Participants complete all 8 OTC test and all 7 at home sample collections* <u>and</u> complete all of the study related activities^	\$80 bonus
<p>* To be eligible for reimbursement, participant must complete collection and shipping of the sample used for comparator testing (the Quest At Home Collection kit) on the same day of testing with the OTC test if the test is performed on Monday-Thursday; for tests performed on Friday-Sunday, participant must ship the sample on Monday to be eligible for reimbursement.</p> <p>^ Study related activities include questionnaires, recording the OTC results, and for some OTC devices uploading an image of the test strip to the study app</p>	

Supplemental Figure 6: Test Assignment Strategy

New participant



Rationale:

For the first week of enrollment, only one device was available. Up to three OTC tests available for OTC test assignment throughout the study.

In order to avoid a case-mix of tests in a specific group, assign participants with the same group code to the same OTC test assignment.

In order to avoid a case-mix of tests in a single household, assign participants with the same street address to the same OTC test assignment.

Algorithm allows the n to be based of the following parameters at different timepoints as needed:

- Enrolled
- Asymptomatic positives
- Participants that below 18
- Other characteristics

Study Coordinator Team

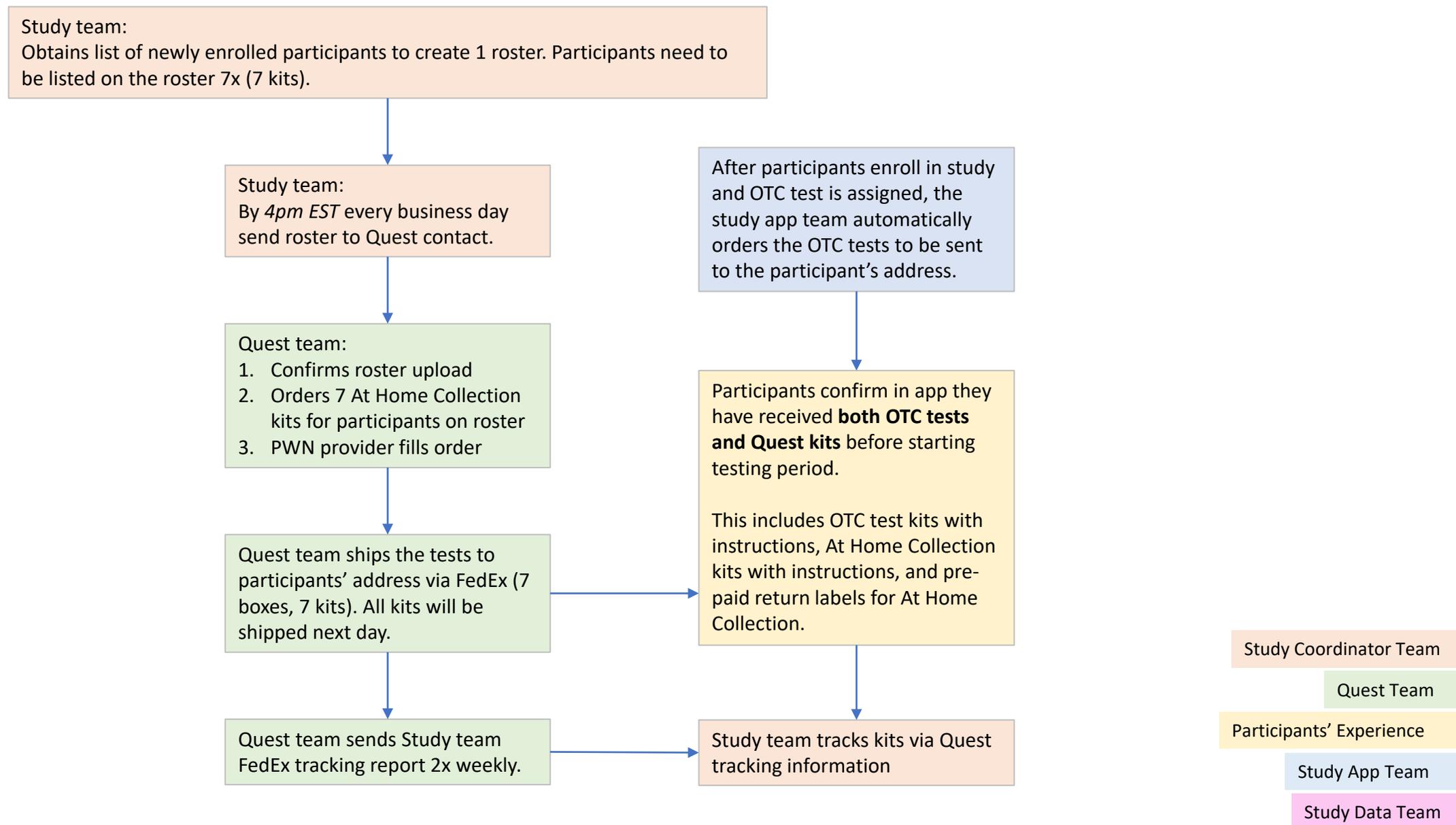
Quest Team

Participants' Experience

Study App Team

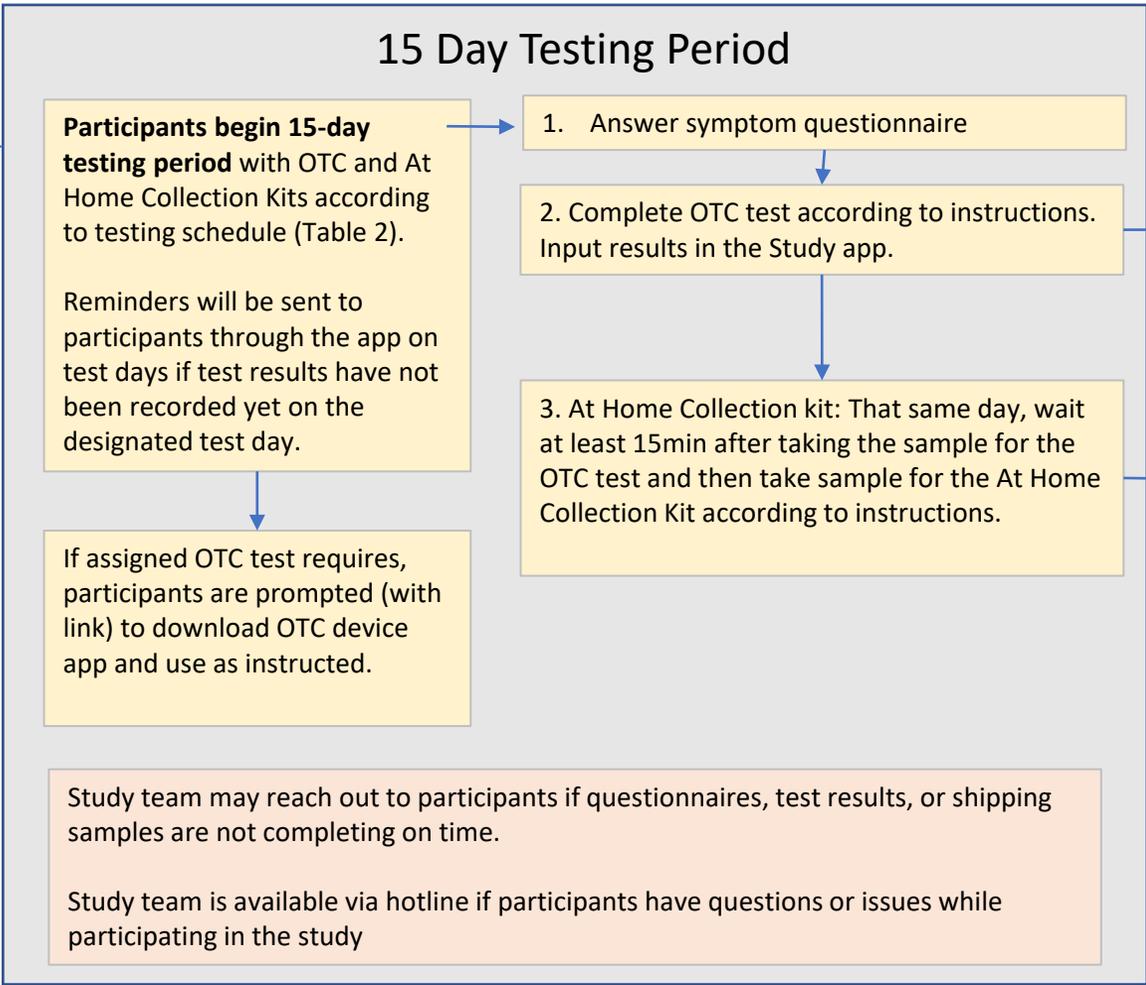
Study Data Team

Supplemental Figure 7: Quest Home Kit Orders and OTC Test Delivery



Supplemental Figure 8: Testing Period and Results

Participant confirms OTC and Quest materials received



Report OTC test result in app; and asked to take a picture of the OTC test and upload in the app.

Participants receive phone call from study staff if OTC is reported as positive. Participants can reach study staff via hotline if they have any questions.

If testing on M-Th: schedule a pick-up at home or drop off in nearest FedEx drop box
If testing on F-Su: keep sample at room temp and ship on Mon via scheduled at home pickup or FedEx drop box

Participants receive Quest test results 3-7 days after sample is shipped. Participants can reach study staff via hotline if they have any questions.

Quest team processes the sample collected at home.

Quest will report:

1. Any positive tests to the appropriate Health Dept.
2. All participant results through the Quest portal
3. All participant results back to the UMass Chan study team

Study Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Ag-RDT Device	X		X		X		X		X		X		X		X
Molecular Comparator	X		X		X		X		X		X		X		

X=Test completed on this day

Study Coordinator Team

Quest Team

Participants' Experience

Study App Team

Study Data Team

Supplemental Figure 9: Testing Process

2:29

Start your first test

You have 24 hours to start your first test. Select "Start Test" to begin your test.

[+ Start First Test](#)

Study Hotline

Weekdays 8 AM - 9 PM EST
877-753-9083

Off hours, you can [email us](#) and expect a response the next business day.

A cooperative effort from state and local health departments, the National Institutes of Health

© 2021 CareEvolution • Privacy

[Start Over](#)

Have you had any of the following symptoms today?

Check all that apply

- Fever or chills
- Cough
- Shortness of breath, difficulty breathing or chest discomfort
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Feeling sick to your stomach, nausea, vomiting, or diarrhea
- Congestion, sore throat, runny nose
- Abdominal Pain
- Rash
- Other
- None

Please follow the instructions and complete a Quidel test.

You will then be asked to report the results of the test.

[Next](#)

[← Back](#) [Start Over](#)

Please provide the following information about the COVID-19 test that you just took

Your test result was:

- Positive
- Negative
- Invalid
- Do not know

[← Back](#) [Start Over](#)

Why and How to Photograph Results

Please take a moment to take a photograph of your Strip. This will help us improve at-home testing.

Place the Test Strip on a flat surface with a solid colored background.

The **SARS Antigen** label should be facing upwards.

For best results, ensure good lighting, avoiding direct sunlight and shadows. Use of flash is preferable but not required.

Hold smart phone directly above the test strip, filling the screen as much as possible with the test strip. Avoid cropping any portion of the Strip.

[Next](#)

[← Back](#) [Start Over](#)

[Capture or Upload Image](#)

[MyDataHelps™](#) [Español](#) [Logout](#)

Test complete ✓

Your Wed, Sep 27th OTC test result was **Negative for COVID-19.**

In 15 minutes, collect the comparator specimen to help confirm these results. Since this is a Wednesday, please arrange to have the comparator specimen picked up by **FedEx** today (Wed, Sep 29th). If the specimen tests positive, we will contact you.

Your next test is **in 2 days on Wed, Sep 29**, anytime between **1:25 PM and 9:27 PM.**

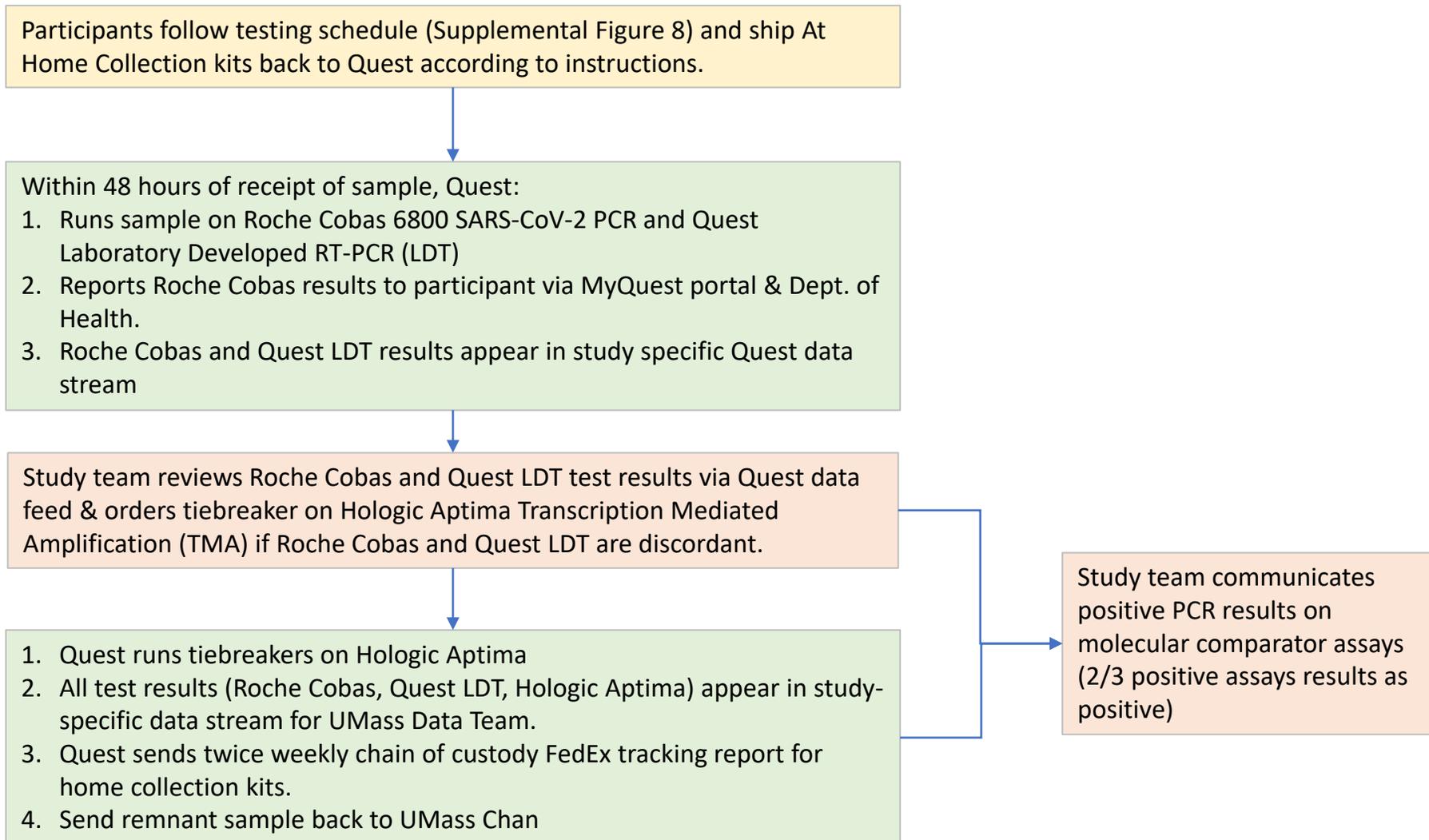
[Come back in 2 days](#)

Testing Journal [View All >](#)

Negative for COVID-19 **9/29/21**
9:25 pm

[Home](#) [Account](#)

Supplemental Figure 10: Molecular Comparator Testing and Results



Study Coordinator Team

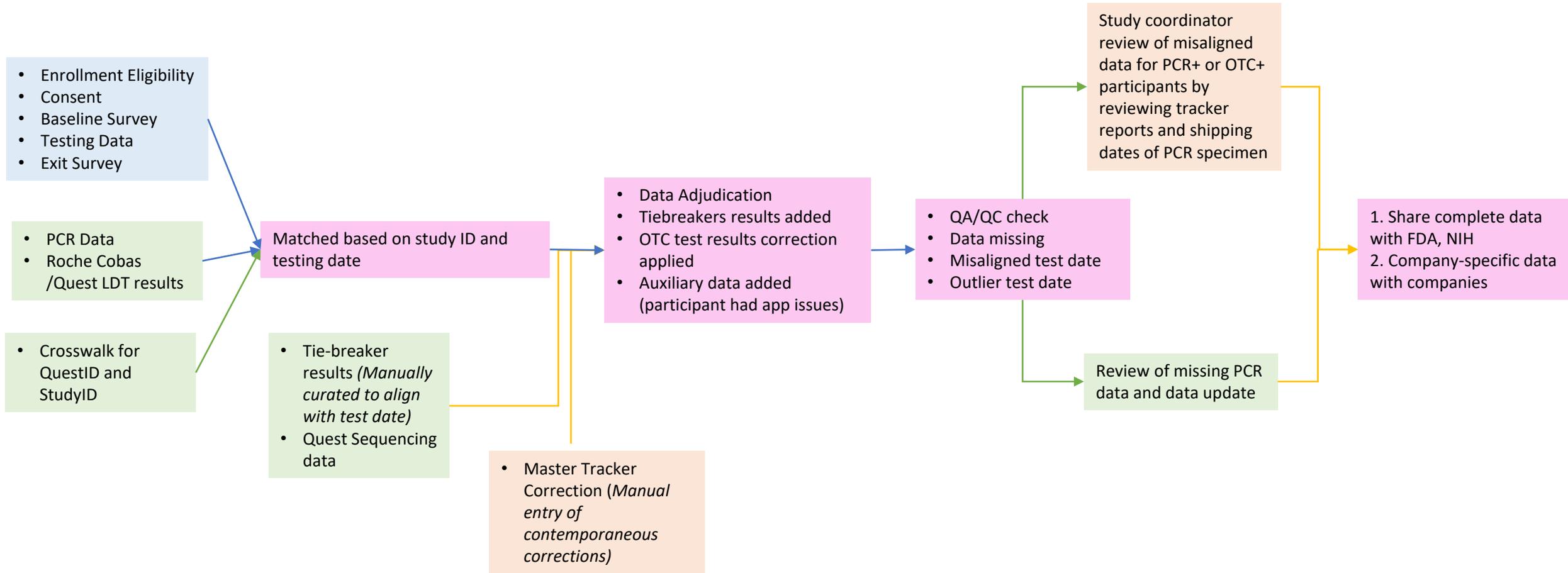
Quest Team

Participants' Experience

Study App Team

Study Data Team

Supplemental Figure 11: Overview of Test Us At Home Data Flow



→ Programmed
 → Ad-hoc
 → Manual

Study Coordinator Team
Quest Team
Participants' Experience
Study App Team
Study Data Team