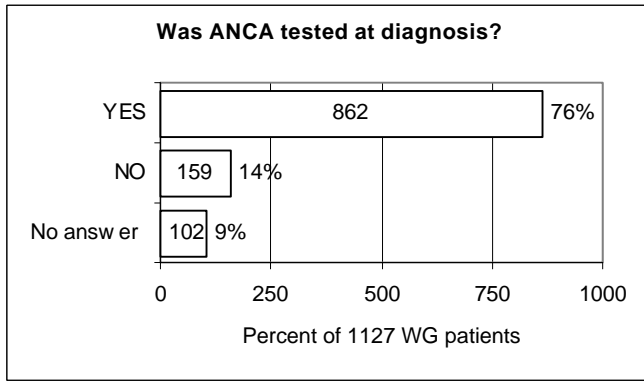
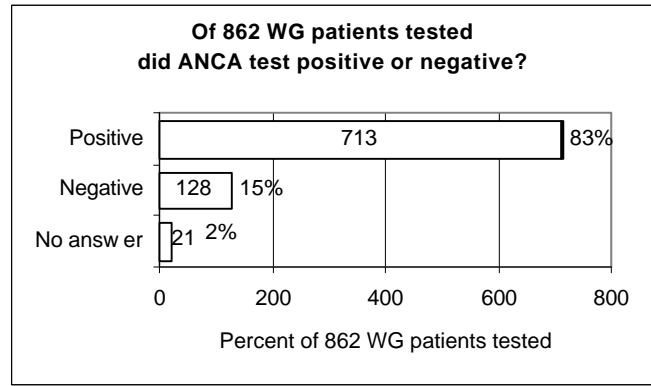


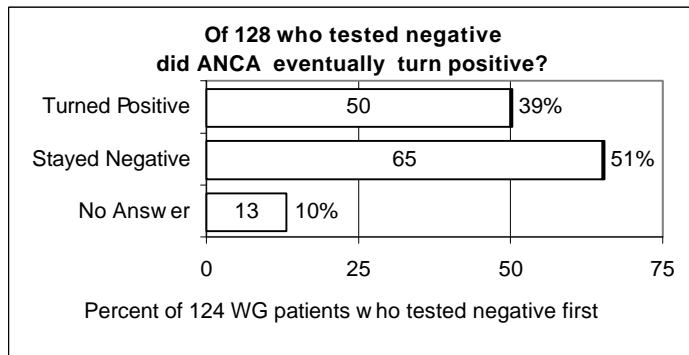
Question 23a. Was *ANCA testing* performed by your physician *at the time of your diagnosis*? Yes ___ No ___



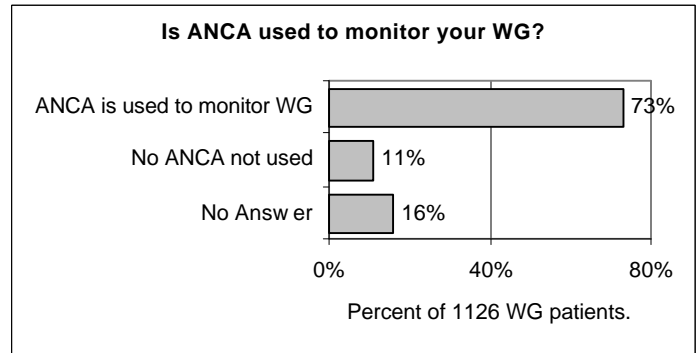
Q23b. If *Yes*, was the test *positive*? Yes ___ No ___



Q-23c. If originally *negative*, did it eventually turn *positive*? Yes ___ No ___



Q-23d. Does your physician now use *ANCA for monitoring* your disease activity? Yes ___ No ___



Q-23e. How *often* is the *ANCA test given*? _____

