

Tests not yet approved by Health Canada for diagnostics are labeled as Research Use Only (RUO). See [Page 2](#) for a list of Diagnostic Tests. Please mark **ALL tests** to be done. **Patient Information, Referring Physician, and Referring Laboratory, and Billing Options are ALL REQUIRED** for samples to be processed without delay.
NOTE: ALBERTA PHYSICIANS--CYTOKINE TESTING REQUIRES PRIOR APPROVAL BY ALBERTA PRECISION LABS

PATIENT INFORMATION	REFERRING PHYSICIAN INFORMATION
Patient Name (Surname, First name)	Physician Name (Surname, First name)
Gender Female Male Other	Phone Number
Personal Health Number	Fax Number
Date of Birth (dd/mm/yy)	Email address
Address (for non-Alberta Residents)	Comments

REFERRING LABORATORY INFORMATION	SAMPLE INFORMATION
Laboratory Name	Sample Type EDTA Plasma Serum CSF
Address	Time and Date Collected (dd/mm/yy)
	Comments
Phone number	
Fax number	
Email address	

BILLING OPTIONS

Invoice to be sent to (choose only one if outside of Alberta):

Referring Physician

Referring Laboratory

Other: Name	Address	Phone #
Self-Pay*		

*Must be prepaid in full prior to the test(s) being performed. Payment may be made by credit card. Please call 403-800-8852 (ext. 1) for more information.

British Columbia Reciprocal Billing

SAMPLE COLLECTION

Sample Collection Procedure: Collect samples in the appropriate collection tubes. For plasma, EDTA plasma is preferred. Please do not use heparinized tubes for sample collection. Freeze and ship samples on dry ice to MitogenDx.

SHIPPING INFORMATION

Please ensure your samples are scheduled to arrive **before 3pm on Friday** of any desired workweek. Please do not send samples on weekends or holidays as Mitogen will be closed and **SAMPLES WILL NOT BE RECEIVED UNTIL THE FOLLOWING WORKWEEK**. Shipments from any shipping company are accepted (including Purolator and FedEx). Tracking numbers should be retained for delivery confirmation. If problems arise or your package is not delivered promptly please email us at lab@mitogendx.com

Shipping--See Intra-Canada Shipping Guide/International Shipping Guide. Please send properly labeled and packaged samples with this requisition to: MitogenDx Laboratory, 3330 Hospital Drive NW, HRIC 3A26, Calgary, AB, T2N 4N1

RECEIVING RESULTS

Results typically follow 7-10 days after receipt of sample, depending on the test(s) requested. Please visit our website for turnaround times for specific tests (www.mitogendx.com).

Outside Alberta – Results/reports will be **emailed to referring laboratories only. Please provide a valid email to receive results.** If you have not received your results, please contact the laboratory that sent your sample. For missing or delayed reports, please contact us.

CONTACT US

MitogenDx Laboratory
 Cumming School of Medicine, University of Calgary
 3330 Hospital Drive NW, HRIC 3A26
 Calgary, AB, T2N 4N1
 Phone: 403-800-8851 Fax: 403-800-8852
 Email: lab@mitogendx.com
 Visit our website: www.mitogendx.com

IMMUNE BIOMARKER TEST REQUISITION

Medical Personnel: Please mark **ALL** tests to be done

Cytokine, Chemokine, Growth Factor 71-Plex Clinical RUO: sCD40L, EGF, Eotaxin, FGF-2, Flt-3 Ligand, Fractalkine, G-CSF, GM-CSF, GRO α , IFN α 2, IFN γ , IL-1 α , IL-1 β , IL-1RA, IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-15, IL-17A, IL-17E/IL-25, IL-17F, IL-18, IL-22, IL-27, IP-10, MCP-1, MCP-3, M-CSF, MDC (CCL22), MIG, MIP-1 α , MIP-1 β , PDGF-AA, PDGF-AB/BB, RANTES, TGF α , TNF α , TNF β , VEGF-A, 6Ckine, BCA-1, CTACK, ENA-78, Eotaxin-2, Eotaxin-3, I-309, IL-16, IL-20, IL-21, IL-23, IL-28A, IL-33, LIF, MCP-2, MCP-4, MIP-1 δ , SCF, SDF-1 α + β , TARC, TPO, TRAIL, TSLP

Indications: Use this test when identifying relevant therapy targets, mechanism of disease is unknown, arthritis, macrophage activation syndrome (MAS), Hemophagocytic lymphohistiocytosis (HLH), sepsis / toxic shock, necrotizing fasciitis, admitted meningitis, admitted pneumonia, Kawasaki syndrome, prolonged or periodic fever, severe or chronic inflammation, organ dysfunction. Also useful in investigation of 'cytokine storm' seen in HLH and related conditions.

Cytokine, Chemokine, Growth Factor 15-Plex Clinical RUO: GM-CSF, IFN γ , IL-1 β , IL-1ra, IL-2, IL-4, IL-5, IL-6, IL-8, IL-10, IL-12(p40), IL-12(p70), IL-13, MCP-1, TNF- α

Indications: Use this test when identifying relevant therapy targets in severe or chronic inflammation, and 'cytokine storm' seen in COVID-19.

Soluble Cytokine Receptor 14-Plex RUO: sCD30, sEGFR, sgp130, sIL-1RI, sIL-1RII, sIL-2Ra, sIL-4R, sIL-6R, sRAGE, sTNF RI, sTNF RII, sVEGF R1, sVEGF R2, sVEGF R3

Indications: Use this test when identifying relevant therapy targets, mechanism of disease is unknown, arthritis, macrophage activation syndrome (MAS), Hemophagocytic lymphohistiocytosis (HLH), sepsis / toxic shock, necrotizing fasciitis, admitted meningitis, admitted pneumonia, Kawasaki syndrome, prolonged or periodic fever, severe or chronic inflammation, organ dysfunction.

Serum Amyloid A (SAA)

Indications: Use this test for acute phase inflammatory detection, chronic inflammatory diseases.

COMMENTS