

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

Patient Name (Surname, First name)

Gender Female Male Other

Personal Health Number

Date of Birth (dd/mm/yy)

Address (for non-Alberta Residents)

REFERRING PHYSICIAN INFORMATION

Physician Name (Surname, First name)

Phone Number

Fax Number

Email address

Comments

REFERRING LABORATORY INFORMATION

Laboratory Name

Address

Phone number

Fax number

Email address

SAMPLE INFORMATION

Sample Type EDTA Plasma Serum CSF

Time and Date Collected (dd/mm/yy)

Comments

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 403-800-8851 for more information

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: Mitogen Diagnostics Laboratory, 3415C 3rd Avenue NW Calgary, AB T2N 0M4

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).

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
 3415C 3rd Ave NW
 Calgary, AB, T2N 0M4
 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