

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 DR. DENNIS ORTON (Dennis.Orton@albertaprecisionlabs.ca).

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 AND RECEIVING RESULTS (choose option A or B)

A Referral Laboratory

Payment to MitogenDx by Referral laboratory

Invoices for payment of requested tests will be sent directly to the referring laboratory.

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).

B Direct to Customer

Customer to provide direct payment to MitogenDx by credit card (see Contact Us)

Customer Name

Address

City

Province/State

Country

Phone

Customer Email

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). By checking the box for **Option B**, you consent to having your results sent to the customer email provided. If you wish to have your results sent directly to the physician on this requisition, please enter "I consent to having my test results sent directly to physician" in the **COMMENTS** box on **Page 2** of this requisition.

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

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

Testing is performed by our affiliate laboratory, Eve Technologies. Eve Technologies is certified by Centers for Medicare & Medicaid Services (CMS) as a High Complexity International Laboratory under the Clinical Laboratory Improvement Amendments (CLIA); specialty Diagnostic Immunology, subspecialty General Immunology. These are Laboratory Developed Tests (LDT) and do not appear on the lists of tests in the Federal Register and have not been reviewed by the U.S. Food and Drug Administration.

IMMUNE BIOMARKER TEST REQUISITION

Medical Personnel: Please mark ALL tests to be done

Cytokine, Chemokine, Growth Factor 71-Plex Clinical: 6Ckine, BCA-1, CTACK, EGF, ENA-78, Eotaxin, Eotaxin-2, Eotaxin-3, FGF-2, Flt-3 Ligand, Fractalkine, G-CSF, GM-CSF, GRO α , I-309, 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-16, IL-17A, IL-17E/IL-25, IL-17F, IL-18, IL-20, IL-21, IL-22, IL-23, IL-27, IL-29A, IL-33, IP-10, LIF, MCP-1, MCP-2, MCP-3, MCP-4, M-CSF, MDC, MIG, MIP-1 α , MIP-1 β , MIP-1 δ , PDGF-AA, PDGF-AB/BB, RANTES, sCD40L, SCF, SDF-1 α + β , TARC, TGF α , TNF α , TNF β , TPO, TRAIL, TSLP, VEGF-A

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.

Reference Intervals available for PLASMA-EDTA samples, SERUM, and CSF samples

Results presented with cytokine groupings (immune signatures)

Focused Cytokine, Chemokine, Growth Factor 15-Plex Clinical: 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.

Reference Intervals available for PLASMA-EDTA samples, SERUM, and CSF samples

Soluble Cytokine Receptor 14-Plex: sCD30, sEGFR, sgp130, sIL-1RI, sIL-1RII, sIL-2R α , 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.

Reference Intervals available for PLASMA-EDTA samples and CSF samples

Serum Amyloid A (SAA)/ADAMTS13 Panel (2 Plex)

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

Reference Intervals available for PLASMA-EDTA samples and CSF (SAA only) samples

Complement Profile Panel (13-Plex): Adipsin (Factor D), C1q, C2, C3, C3b/iC3b, C4, C5, C5a, Factor B, Factor H, Factor I, Mannose Binding Lectin (MBL)

Indications: Use this test for acute phase inflammatory detection.

Reference Intervals available for PLASMA-EDTA samples.

*This test has not been assessed under CLIA.

COMMENTS