

*****MitogenDx does NOT book or accept appointments for sample collection / venipuncture. Contact your local laboratory*****

Tests not yet approved by Health Canada for diagnostics are labeled as Laboratory Developed Test (LDT). See Page 2 for a list of Diagnostic Tests. Please mark ALL tests to be done. **Patient Information, Referring Physician, and Ordering Laboratory are ALL REQUIRED for samples to be processed without delay.**

PATIENT INFORMATION

Patient Name (Surname, First name)

Surname:

First Name:

Sex Female Male

Personal Health Number Date of Birth (dd/mm/yy)

REFERRING PHYSICIAN INFORMATION

Physician Name (Surname, First name)

Phone Number

Fax Number

Email address

Comments

ORDERING LABORATORY INFORMATION

Laboratory Name

Address

Phone number

Fax number

Email address

SAMPLE INFORMATION

Sample Type Serum Plasma CSF

Time and Date Collected (dd/mm/yy)

Ordering Lab Reference #

Comments

SAMPLE COLLECTION (Plasma EDTA Preferred)

For plasma samples (0.5 - 1.0 mL), plasma EDTA is preferred. If both serum/plasma and CSF are shipped together, samples should be shipped with ice packs (4°C).

Serum samples (0.5 - 1.0 mL) obtained from blood collected in a Serum Separator Tube (SST) are preferred. Serum samples prepared using collecting lab SOP may be refrigerated and shipped with ice packs.

Cerebrospinal fluid (CSF: 0.3 - 1.0 mL) samples should be sent in a small sterile and/or a polystyrene tube and should be frozen and shipped on dry-ice if possible.

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 MitogenDx 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 contact your shipping company.

Shipping--See [Shipping Instructions](#). Please send properly labeled and packaged samples with this requisition to the address below.

RECEIVING RESULTS

Results typically follow 5-7 working days after receipt of sample, depending on the test(s) requested and will be sent to the ordering lab.

If you have not received your results, please contact the laboratory that sent your sample to MitogenDx. Results for tests requested by an ordering laboratory cannot be sent to physicians or patients.

CONTACT INFO FOR LABS

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

LONG COVID-19 BIOMARKER TEST REQUISITION

Long COVID Angiogenesis & Cardiovascular Biomarker Panel (18-Plex) (LDT): ADAMTS13, Angiopoietin-2, BMP-9, D-Dimer, Endoglin, Endothelin-1, FGF-1, Follistatin, HB-EGF, HGF, Leptin, PLGF, SAA, sICAM-1, sP-Selectin, sVCAM-1, VEGF-C, VEGF-D

Indications: Use this panel to investigate dysfunctions in vascular and endothelial integrity, coagulation, and inflammation. The panel consists of circulating factors that may suggest abnormalities in angiogenesis (a response to persistent vascular injury), coagulation, vascular function and inflammatory responses, which are thought to be key features of long COVID pathogenesis.

Reference Intervals available for PLASMA-EDTA samples.

Serum Amyloid A (SAA) / Cardiovascular Disease Panel (6-Plex) (LDT): ADAMTS13, D-Dimer, SAA, sICAM-1, sP-Selectin, sVCAM-1

Indications: Use this test to investigate the underlying molecular basis of suspected coagulopathies, cardiovascular disease, and acute or chronic inflammation.

COMMENTS

Patient Name

Personal Health Number