

Self-Pay Directions

Outside of Alberta Customers:

- Complete this Self-Pay Requisition form by completing the Customer Information and checking the requested tests. (Only tests on this requisition are available for self-pay testing)
- Schedule a Sample Collection Appointment with your local provincial lab – we cannot accept samples from LifeLabs.
- Once your sample is received at Mitogen, you will receive an electronic invoice to the email address provided on this requisition within 24 hours.
- Once payment is received, the testing will be completed and you will be provided with test results within 7-10 business days.
- Mitogen does not provide status updates so please do not contact us unless your results exceed 12 business days from collection date by emailing selfpay@mitogendx.com. We do not provide information for self-pay testing over the phone.

Within Alberta: MitogenDx does not offer self-pay testing to Alberta residents with an Alberta health care number or for testing for patients who are currently in Alberta. All tests on the Alberta requisition are covered by Alberta Health.

****Disclaimer: We do not interpret results. You must consult with a physician****

*****Complete Customer Information and Laboratory Information are REQUIRED for samples to be processed. Completion of this form indicates your consent to have test results sent to the email listed under "Customer Information". See Pages 2, 3, and 4 for a list of Diagnostic Tests. Please mark ALL tests to be done.**

CUSTOMER INFORMATION

Customer Name (Surname, First name)
Surname
First Name
Email
Sex **Female** **Male** **Province:**
Personal Health Number
Date of Birth (dd/mm/yy)

LABORATORY INFORMATION

Laboratory Name
Phone Number
Fax Number
Email address
Comments

PAYMENT & RECEIVING RESULTS

You will be contacted directly by MitogenDx for payment when your sample is received.
Results typically follow within 10 working days after receipt of sample AND payment. Results will be sent to the customer email above.

SAMPLE INFORMATION

Sample Type Serum Plasma
Time and Date Collected (dd/mm/yy)
Reason for Testing / Comments

Sample Attestation

I attest that the sample was prepared in accordance with the sample collection procedure below

SAMPLE COLLECTION

Cytokine/ T-a a i bY6]ca Uf_Yf #@b['7 c j]X (pageg 2/ ') Sample Collection Procedure:

1. Collect blood in a plasma EDTA tube (Purple Vacutainer) or in a serum collection tube (Gold (SST) or Red Vacutainer). Please do not use heparinized tubes for sample collection.
2. Within 30 minutes from collection, centrifuge at 1000 x g for 10 minutes at 4°C. Immediately transfer/aliquot 0.3 - 1.0 mL cell-free plasma or serum to a small tube (~3mL or smaller tube such as a false-bottom tube).
3. Freeze the sample ($\leq -20^{\circ}\text{C}$) and ship on dry ice (consider including a temperature monitoring device in the shipment).

SENDING SAMPLES & SHIPPING

Sending Samples: Please ensure your samples are scheduled to arrive before 3pm on Friday. Please do not send samples on weekends or holidays as MitogenDx will be closed and **SAMPLES WILL NOT BE RECEIVED UNTIL THE FOLLOWING WEEK.**

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.

CONTACT INFO

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

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

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.

CYTOKINE & 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

Interferon Panel (9-Plex): IFN α 2, IFN β , IFN γ , IFN γ R1, IFN ϵ , IFN λ 1, IFN λ 2, IFN λ 3, IFN ω

Indications: Use this test to assess the interferon response in viral infections, autoinflammatory interferopathies, and autoimmune diseases.

Reference Intervals available for PLASMA-EDTA samples and SERUM samples.

Angiogenesis Panel (12-Plex): Angiopoietin-2, BMP-9, Endoglin, Endothelin-1, FGF-1, Follistatin, HB-EGF, HGF, Leptin, PLGF, VEGF-C, VEGF-D

Indications: Use this test to assess abnormalities of angiogenesis in cancer, autoimmune diseases, cardiovascular disease, or other chronic inflammatory conditions.

Reference Intervals available for PLASMA-EDTA samples.

COMMENTS