Cytokine and Immune Biomarker Test Requisition Form

Clear Form





See Page 2 for a list of Diagnostic Tests. Please mark <u>ALL</u> tests to be done.

Patient Information, Referring Physician, and Ordering Laboratory are <u>ALL REQUIRED</u> for samples to be processed without delay.

PATIENT INFORMATION	REFERRING PHYSICIAN INFORMATION
Patient Name Surname: First Name:	Physician Name (Surname, First name) Phone Number Fax Number
Sex Female Male Personal Health Number Date of Birth (dd/mm/yy)	Email address Comments
ORDERING LABORATORY INFORMATION	SAMPLE INFORMATION
Address	Sample Type Serum Plasma CSF Time and Date Collected (dd/mm/yy) Ordering Lab Reference # Reason for Testing / Comments
Phone number Fax number Email address	Sample Attestation I attest that the sample was prepared in accordance with the sample collection procedure below
SAMPLE C	COLLECTION
Sample Collection and Preparation Procedure: Collect blood in a plasma EDTA tube (Purple Vacutainer) or in a serum collection tube	

Sample Collection and Preparation Procedure: 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. Within 30 minutes from collection, centrifuge at 1000 x g for 10 minutes at 4°C. Immediately transfer/aliquot 0.3 - 1 mL cell-free plasma or serum to a small tube (~3mL or smaller tube such as a false-bottom tube). Freeze the sample (≤ -20°C) and ship on dry ice (consider including a temperature monitoring device in the shipment).

Sample Stability: 30 min MAX at room temperature during processing. Stable for 1 year if stored frozen (-80°C preferred). Not acceptable or stable if stored or shipped* at 4°C.

*Samples processed in BD P-100 tubes may be shipped unfrozen with an ice pack.

Please ship on Monday or Tuesday of any desired workweek to ensure your samples are scheduled to arrive before 3pm on Friday. Please do not send samples on weekends or holidays as Eve Diagnostics 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 contact@evetechnologies.com.

Shipping -- See Sample Shipping Guide. Please send properly labeled and packaged samples with this requisition to: Eve Technologies Corporation, 3415 A 3rd Avenue NW, Calgary, AB, Canada, T2N 0M4

RECEIVING RESULTS

Results typically follow within 5 business days after receipt of sample.

Secure links to results reports will be **issued to requesting physicians/labs**. If requested, reports can also be **faxed** - please provide a valid fax number to receive faxed results. If you have not received your results, please contact the laboratory that sent your sample. For missing or delayed reports, please reach out to us.

CONTACT INFO FOR LABS

Eve Diagnostics

3415A 3rd Ave NW
Calgary, AB, T2N 0M4
Phone: 587-975-8850 Fax: 4587-975-8899
Email: contact@evetechnologies.com

Visit our website: www.evediagnostics.com/

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Eve Technologies is certified by Centers for Medicare & Medicaid Services (CMS) as a High Complexity International Laboratory under the Clinical Laboratory Improvement Amendments (CLIA); speciality Diagnostic Immunology, subspeciality 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 <u>ALL</u> tests to be done
Cytokine, Chemokine, Growth Factor Panel (95-Plex): 6Ckine, APRIL, BAFF, BCA-1, CCL28, CTACK, EGF, ENA-78, Eotaxin, Eotaxin-2, Eotaxin-3, FGF-2, Fit-3 Ligand, Fractalkine, G-CSF, GCP-2, GM-CSF, Granzyme A, Granzyme B, GROα, HMGB1, I-309, IFNα2, IFNβ, IFNψ, IFNω, IL-1α, IL-1β, IL-1
Focused Cytokine, Chemokine, Growth Factor Panel (15-Plex): GM-CSF, IFNγ, IL-1β, IL-1RA, IL-2, IL-4, IL-5, IL-6, IL-8, IL-10, IL-12p40, IL-12p70, IL-13, MCP-1, TNF-α Indications: Use this test when identifying relevant therapy targets in severe or chronic inflammation. Reference Intervals available for PLASMA-EDTA samples, SERUM, and CSF samples
Soluble Cytokine Receptor Panel (14-Plex): sCD30, sEGFR, sgp130, slL-1RI, slL-2Rα, slL-4R, slL-6R, sRAGE, sTNFRI, sTNFRII, sVEGFR1, sVEGFR2, sVEGFR3 Indications: Use this test to identify relevant therapy targets or investigate mechanisms of disease for inflammatory, autoimmune or neoplastic conditions. Reference Intervals available for PLASMA-EDTA samples and CSF samples
Interferon Panel (9-Plex): IFNα2, IFNβ, IFNγR1, IFNγR1, IFNλ1, IFNλ2, IFNλ3, IFNω 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.
COMMENTS

