



e technologies

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Cytokine Test & Immune Biomarker Requisition

Shaded area for lab use only

Date rec'd:

Sample frozen (y / n)

Results sent on:

By:

Order #:

Patient & Sample Information:

Name (Surname, First):			*Diagnosis or Reason for testing:
*Patient / Sample ID:			
*DOB: (dd/mm/yy)	*Age (years):	*Gender: ☐ Male ☐ Female	*Relevant Medications:
*Date collected: (dd/mm/yy)			Phlebotomy lab: Collect plasma (EDTA) from fasted patient in the morning. Collect in a small tube (~3mL or smaller such as a false-bottom tube), and freeze sample. Refer to "Sample Collection Procedure" below.
*Time collected:			

Report Delivery Information (Select FAX or Email):

Billing Information: We do not bill patient insurance providers.

*Attention:	*Name / Institution:
Address:	*Address:
City / State / ZIP	*City / State / ZIP
*Phone:	*Phone :
☐ FAX:	*Email:
* ☐ Email: Note: Due to privacy, patient name will only include their initials.	*PO#: -OR- Credit Card (VISA / Master Card). You may call-in the card number or record it below *Credit Card #: *Expiry Date:

* = Required information.

Note: All tests on this requisition are for Research Use Only (RUO)

Medical Personnel: Please mark **ALL** tests to be done.

☐ Cytokine, Chemokine, Growth Factor 65-Plex Clinical RUO (\$178.95): 6Ckine, BCA-1, CTACK, EGF, ENA-78, Eotaxin, Eotaxin-2, Eotaxin-3, FGF-2, Flt-3L, Fractalkine, G-CSF, GM-CSF, GRO, I-309, IFNalpha2, IFNgamma, IL-1 alpha, IL-1 beta, IL-1 ra, 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-18, IL-20, IL-21, IL-23, IL-28a, IL-33, IP-10, LIF, MCP-1, MCP-2, MCP-3, MCP-4, MDC, MIP-1 alpha, MIP-1 beta, MIP-1 d, PDGF-AA, PDGF-AB/BB, RANTES, SDF-1 a+b, sCD40L, SCF,TARC, TGFalpha, TNFalpha, TNFbeta, TPO, TRAIL, TSLP, VEGF. 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.
☐ Cytokine, Chemokine, Growth Factor 13-Plex Clinical RUO (\$129.95): GM-CSF, IFNgamma, IL-1 beta, IL-2, IL-4, IL-5, IL-6, IL-8, IL-10, IL-12 (p70), IL-13, MCP-1, TNFalpha. Indications: Use this test when identifying relevant therapy targets, mechanism of disease is suspected, severe or chronic inflammation.
☐ Soluble Cytokine Receptor 14-Plex RUO (\$89.95): 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) RUO (\$40.95): Indications: Use this test for acute phase inflammatory detection, chronic inflammatory diseases.

Sample Collection Procedure: Overnight patient fasting and blood collection done in the morning (unless STAT). Collect blood in a plasma EDTA tube (Purple Vacutainer). 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 to small tube (~3mL or smaller tube such as a false-bottom tube). If dry-ice shipping is possible, freeze the sample (≤ 20°C) and ship on dry ice. Otherwise store the sample at 4°C and ship with frozen ice packs.

[Intra-Canada Shipping Guide](#)

[International Shipping Guide](#)

Using the above shipping guides, please send properly labeled and packaged plasma samples with this requisition to:
Eve Technologies Corporation; c/o Mark Fritzler: 3415 A 3rd Avenue NW, Calgary Alberta CANADA T2N 0M4