



Dr. M.J. Fritzler: Director

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<i>Shaded area for lab use only</i>
Date rec'd:
Sample frozen (y / n)
SSN:

\* = Required information

## Immune Biomarker Test Requisition

*Patient Information:*

*Referring Physician Information:*

*Name: (Surname, First)	*Dr. Name: (Surname, First)
*Provincial Health #:	*Alpha Provider #
*Health Region:	Health Region:
*DOB: (dd/mm/yy)      *Age (years):      *Sex:      Male      Female	*Phone:
*Address (for non Alberta residents):	*Email:
Postal Code:	

*Referring Lab Information:*

*Sample Information:*

*Lab Name:	Date collected: (dd/mm/yy)
*Address:	Time collected:
	*Diagnosis or Reason for testing:
*Phone :	*Relevant Medications:
*Fax #	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.

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

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

<input type="checkbox"/> <b>Cytokine, Chemokine, Growth Factor 65-Plex Clinical RUO:</b> 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-1alpha, IL-1beta, 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-18, IL-20, IL-21, IL-23, IL-28a, IL-33, IP-10, LIF, MCP-1, MCP-2, MCP-3, MCP-4, MDC, MIP-1alpha, MIP-1beta, MIP-1d, 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.
<input type="checkbox"/> <b>Cytokine, Chemokine, Growth Factor 13-Plex Clinical RUO:</b> GM-CSF, IFNgamma, IL-1beta, 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.
<input type="checkbox"/> <b>Soluble Cytokine Receptor 14-Plex RUO:</b> 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.
<input type="checkbox"/> <b>Serum Amyloid A (SAA) RUO:</b> 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](#)

Please send properly labeled and packaged plasma samples with this requisition to:

**Mitogen Advanced Diagnostics Laboratory; c/o Dr. MJ Fritzler University of Calgary: HMRB 431; 3330 Hospital Dr. NW Calgary, AB T2N 4N1**