



See **Page 2** for a list of Diagnostic Tests. Please mark **ALL tests** to be done.

**Patient Information, Referring Physician and/or Referring Laboratory, and Billing Options are ALL REQUIRED for samples to be processed without delay.**

**PATIENT INFORMATION**

**Patient Name (Surname, First name)**

**Gender**    Female    Male    Other

**Personal Health Number**

**Date of Birth (dd/mm/yy)**

**Address (for non-Alberta Residents)**

**REFERRING PHYSICIAN INFORMATION**

**Physician Name (Surname, First name)**

**Phone Number**

**Fax Number**

**Email address**

**Comments**

**REFERRING LABORATORY INFORMATION**

**Laboratory Name**

**Address**

**Phone number**

**Fax number**

**Email address**

**SAMPLE INFORMATION**

**Sample Type**    Plasma-EDTA    Serum    CSF

**Time and Date Collected (dd/mm/yy)**

**Reason for testing / Relevant medications**

**Sample Attestation**

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

**BILLING INFORMATION**

**Invoice to be sent to (choose only one):**

**Referring Physician**

**Referring Laboratory**

**Other: Name**

**Address**

**Phone #**

**Self-Pay\***

\*Must be pre-paid in full prior to the test(s) being performed. Payment may be made by credit card. Please call 587-975-8850 (ext. 100) for more information.

*Note: we do not bill patient insurance providers.*

**SAMPLE COLLECTION**

**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 ( $\leq -20^{\circ}\text{C}$ ) and ship on dry ice (consider including a temperature monitoring device in the shipment).

**SHIPPING INFORMATION**

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 Technologies 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](mailto: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 and payment.

Results/reports will be **faxed to referring physicians/laboratories** (for private patients, anonymized results will be emailed directly to the patient). **Please provide a valid fax number to receive results.** If you have not received your results, please contact the laboratory that sent your sample. For missing or delayed reports, please contact us.

**CONTACT US**

**Eve Technologies Corporation**  
3415 A 3rd Avenue NW  
Calgary, AB, T2N 0M4  
Phone: 587-975-8850 Fax: 587-975-8899  
Email: [contact@evetechnologies.com](mailto:contact@evetechnologies.com)  
Visit our website: [www.evetechnologies.com](http://www.evetechnologies.com)

**IMMUNE BIOMARKER TEST REQUISITION**

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, 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.

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

**Cytokine, Chemokine, Growth Factor Panel (71-Plex) (\$295.95):** 6Ckine, BCA-1, CTACK, EGF, ENA-78, Eotaxin, Eotaxin-2, Eotaxin-3, FGF-2, Flt-3 Ligand, Fractalkine, G-CSF, GM-CSF, GRO $\alpha$ , I-309, IFN $\alpha$ 2, IFN $\gamma$ , IL-1 $\alpha$ , IL-1 $\beta$ , IL-1RA, IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-12p40, IL-12p70, 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-28A, IL-33, IP-10, LIF, MCP-1, MCP-2, MCP-3, MCP-4, M-CSF, MDC, MIG, MIP-1 $\alpha$ , MIP-1 $\beta$ , MIP-1 $\delta$ , PDGF-AA, PDGF-AB/BB, sCD40L, SCF, SDF-1 $\alpha$ + $\beta$ , RANTES, TARC, TGf $\alpha$ , TNF $\alpha$ , TNF $\beta$ , 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, SERUM, and CSF samples**

**Results presented with cytokine groupings (immune signatures)**

**Focused Cytokine, Chemokine, Growth Factor Panel (15-Plex) (\$179.95):** GM-CSF, IFN $\gamma$ , IL-1 $\beta$ , IL-1RA, IL-2, IL-4, IL-5, IL-6, IL-8, IL-10, IL-12p40, IL-12p70, IL-13, MCP-1, TNF $\alpha$

**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, SERUM, and CSF samples**

**Soluble Cytokine Receptor Panel (14-Plex) (\$149.95):** sCD30, sEGFR, sgp130, sIL-1RI, sIL-1RII, sIL-2R $\alpha$ , sIL-4R, sIL-6R, sRAGE, sTNFR1, sTNFR2, sVEGFR1, sVEGFR2, sVEGFR3

**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 and CSF samples**

**Serum Amyloid A (SAA) / ADAMTS13 Panel (2-Plex) (\$59.95):**

**Indications:** Use this test for acute phase inflammatory detection, chronic inflammatory diseases.

**Reference intervals available for PLASMA-EDTA and CSF (SAA only) samples**

**Complement Profile Panel (13-Plex) (\$319.99):** Adipsin (Factor D), C1q, C2, C3, C3b/iC3b, C4, C4b, C5, C5a, Factor B, Factor H, Factor I, Mannose-Binding Lectin

**Indications:** Use this test for acute phase inflammatory detection.

**Reference intervals available for PLASMA-EDTA samples.**

**COMMENTS**