

Testing site & Shipping Address:
Hematology Translational Lab (HTL)

ATTN: Dr. Faisal Khan
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PATIENT INFORMATION

Name (Last, First)
Medical Record #
Date of Birth(YYYY/MM/DD):..... Gender: M ☐ F ☐
Address:..... City:.....
Prov./State: Country: Postal/Zip code.....

ORDER INFORMATION

Requesting Physician.....Location/Facility
Address.....City Prov./State..... Country: Postal/Zip code
Phone.....Fax.....Email..... Report delivery method: Email ☐ Fax ☐

INDICATION

SPECIMEN

☐ Peripheral Blood ☐ Frozen Serum

Date of Collection (DD/MM/YYYY)..... Time of Collection

TEST REQUESTS

Immune Monitoring and Function Assessment

<input type="checkbox"/> Immune Subset Panel *	Reports on 8 different lymphocyte subsets for relative and absolute counts	Total T cells (CD3), Helper T cells (CD3+CD4+), Cytotoxic T cells (CD3+CD8+), Double negative T cells(CD3+CD4-CD8-), ratio of CD4:CD8, NK cells(CD3-CD16/56+), NK-T cells(CD3+CD16/56+), B-cells(CD19)
<input type="checkbox"/> NK Cell Function Panel*	Quantitative degranulation of NK Cells by measuring CD107a expression on the surface, following simulation with K-562 cell lines	NK cell function by resulting percentage (Stimulated CD107a% - unstimulated CD107a%) of CD107a+ NK cells.
<input type="checkbox"/> Th1:Th2 Cytokine Ratio Panel	Quantitative assesement of Th1 cytokines (TNFa &IFNy) over Th2 cytokine (IL-10)	Ratio of Th1 (TNFa and IFNy): Th2 (IL10) by T helper Cells
<input type="checkbox"/> 34-Plex Cytokine/ Chemokine Panel*	Quantitative assessment of 34 cytokines/chemokines analytes in serum	Eotaxin/CCL11, GM-CSF, GRO alpha/CXCL1, IFN alpha, IFN gamma, IL-1 beta, IL-1 alpha, IL-1RA, IL-2, IL-4, IL-5, IL-6, IL-7, IL-8/CXCL8, IL-9, IL-10, IL-12 p70, IL-13, IL-15, IL-17A, IL-18, IL-21, IL-22, IL-23, IL-27, IL-31, IP-10/CXCL10, MCP-1/ CCL2, MIP-1 alpha/CCL3, MIP-1 beta/CCL4, RANTES/CCL5, SDF1 alpha/CXCL12, TNF alpha, TNF beta/LTA.
<input type="checkbox"/> 2-Plex Soluble Receptors Panel*	Quantitative assessment of CD25 (sIL2R) levels and sCD163 levels	CD25 (sIL2Ra) and sCD163
<input type="checkbox"/> Enhanced 36-Plex Panel	34-plex Cytokine and 2-plex soluble receptor panel in serum	Includes 34 cytokines/chemokines analytes from the 34-Plex Panel + sIL2Ra and sCD163

*If you reside within Alberta, please check with your healthcare practitioner for access to this test through public healthcare coverage.

TEST AUTHORIZATION, CONSENT & SIGNATURES

I certify that I am the patient’s treating physician and that results from this test/s may inform the patient’s ongoing/future treatment. I have explained the nature and purpose of testing to the patient and have obtained informed consent, to the extent legally required, to permit OncoHelix to (a) perform the test/s specified herein, (b) retain de-identified test results as required or permitted by law for internal quality assurance/operational improvement, (c) use/disclose de-identified (without identifiable patient information) results and data for ongoing/future unspecified research and development purposes.

.....
Ordering Physician signature Printed Name Date

I permit OncoHelix & partner lab HTL to (a) perform the test/s specified herein, (b) retain test results as required or permitted by law for internal quality assurance/operational improvement, reporting, submissions, publication, research or to improve the program and (c) use/disclose de-identified results and data for ongoing/future unspecified research and development purposes.

.....
Patient’s signature OR Check for Patient Verbal Consent ☐ Printed Name Date

SAMPLE REQUIREMENTS & GUIDELINES

	TEST	PERIPHERAL BLOOD	FROZEN SERUM	GUIDELINES
1	Immune subset panel	2 mL	--	<ul style="list-style-type: none">Collect 2 mL peripheral blood in Na-Heparin tube. Must reach the lab for testing within 24 hours of collection. A CBC Report is required.If shipping from outside, ship the samples with ice packs.
2	NK cell function	4 mL	--	<ul style="list-style-type: none">Collect 4 mL peripheral blood in Na-Heparin tube. Must reach the lab for testing within 24 hours of collection.If shipping from outside Alberta, a healthy control is needed.
3	Th1/Th2 cytokines ratio	4 mL	--	<ul style="list-style-type: none">Collect 4 mL peripheral blood in Na-Heparin tube. Must reach the lab for testing within 24 hours of collection.If shipping from outside Alberta, a healthy control is needed.
4	34-Plex Cytokine panel	3 - 5mL	Minimum 300 µL	<ul style="list-style-type: none">Collect 3-5mL peripheral blood in a tube with no anticoagulant (Red top tube) * Follow instructions for serum as per the below table.
5	2-Plex Soluble Receptor Panel	3 - 5mL	Minimum 300 µL	<ul style="list-style-type: none">Collect 3-5mL peripheral blood in a tube with no anticoagulant (Red top tube) * Follow instructions for serum as per the below table.
6	Enhanced 36-Plex Cytokine Panel	3 - 5mL	Minimum 300 µL	<ul style="list-style-type: none">Collect 3-5mL peripheral blood in a tube with no anticoagulant (Red top tube) * Follow instructions for serum as per the below table.

- All quantities mentioned in the above table are minimum quantity required to perform the test.
- All specimen will be tested for quality as per laboratory thresholds prior to processing

SPECIMEN TYPE	SHIPPING & HANDLING INSTRUCTIONS	REJECTION CRITERIA
Peripheral Blood	See above.	<ul style="list-style-type: none">Hemolyzed / clotted specimen.Too cold/hot sample.Sample outside stability time.Leaky sample.Inappropriate anticoagulant.Suboptimal quantity/quality
Frozen Serum	Steps outlined below must be stringently followed for specimen collection and handling. 1. Collect minimum 3-5mL peripheral blood in a tube with no anticoagulant (Red top tube) 2. Leave at room temperature for 30 minutes to allow it to clot. 3. Centrifuge at 1000g for 10 minutes at room temperature. 4. Collect serum (min. 300 µL) in a screw cap tube / cryovial and freeze at -20 °C immediately. 5. Ship at -20°C (use dry ice)	<ul style="list-style-type: none">Suboptimal quantity/qualityThawed Serum

SELF-PAYMENT DETAILS

Contact Name: Patient or patient support person	Email: (Required)	Phone:
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Shipping Address

ATTN: Dr. Faisal Khan
Hematology Translational Lab (HTL)
HMRB 380, 3330, Hospital Drive NW,
Calgary, AB, CANADA T2N 4N1

For HTL Laboratory Use Only

Sample Received (YYYY-MM-DD) (AM/PM)
Specimen type
#Tubes / Amount
Lab Acc.#