



3415A 3 Ave NW, Calgary, Alberta, T2N 0M4, Canada

**Patient Name:** PATIENT, NAME**Specimen ID (SID):** 26001-0000-09**External SID:** 123456789**Specimen Type:** Plasma**DOB:** 01-Jan-2000**Doctor:** Dr. Doctor**Date/Time Collected:** 01-Jan-2026 / 00:00**PHN:** AB 00000000**Report Date:** 07-Apr-2026**Reason for Testing:** Autoinflammatory syndrome**Relevant Medications:** -**SAA/Cardiovascular Disease Panel****Laboratory Developed Test (LDT)**

Analyte	Results (ng/ml)	Reference Interval†
ADAMTS13	445	240 - 818
D-Dimer	1543	204 - 3769
SAA	> 31250 HIGH	482 - 11524
sP-Selectin	108 HIGH	0 - 101
sICAM-1	297 HIGH	43 - 167
sVCAM-1	355	240 - 988

Sample Comments:

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Results Interpretation:

- Elevated serum amyloid A (SAA) suggests robust acute-phase inflammatory signaling, which may reflect systemic inflammatory responses and could contribute to innate immune activation and tissue remodeling processes.
- High soluble P-Selectin indicates potential platelet activation and endothelial engagement, consistent with coagulation and thrombotic pathway activity that may support pro-thrombotic signaling and vascular interactions.
- Increased soluble ICAM-1 (sICAM-1) could indicate endothelial activation and vascular inflammation, suggesting enhanced leukocyte adhesion and transmigration that may contribute to inflammatory cell recruitment.

Disclaimer:

The interpretation of these test results should be correlated with clinical findings and other diagnostic tests. Biomarker levels can vary due to many biological, physiological, and diurnal factors; their clinical significance must be assessed by a qualified healthcare professional. This information is not intended to be used as the sole basis for diagnosis or treatment decisions.

Reviewed by: DP

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† Reference intervals estimated by data-mining ≥ 700 PLASMA samples drawn from both healthy and pathological subjects.