



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

**Patient Name:** PATIENT, NAME**Specimen ID (SID):** 26-0000-05**DOB:** 01-Jan-2000**PHN:** AB 00000000**Reason for Testing:** FIRES**Relevant Medications:** -**External SID:** 123456789**Doctor:** Dr. Doctor**Report Date:** 31-Mar-2026**Specimen Type:** Serum**Date/Time Collected:** 01-Jan-2026 / 00:00**Cytokine, Chemokine & Growth Factor Panel****Laboratory Developed Test (LDT)****Report Summary:****Sample Comments:**

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Results Summary:**High Analytes:** IFN ω , IL-20, IL-29, IL-31, IL-34, IL-35, LIF**High Normal Analytes:** CCL28, Eotaxin-3, HMGB1, IFN β , IL-33, MCP-3**Low Analytes:** PDGF-AB/BB**Results Interpretation:****Grouping Summary:**

The grouping profile shows moderate elevations in group D2, which may suggest a moderate mucosal immune response.

Profile Overview:

- The results suggest a pronounced type I/III interferon signature, supported by high IFN ω , IL-29, and high normal IFN β , which could indicate active antiviral or innate immune signaling.
- Regulatory and anti-inflammatory signals are evident, including high IL-35 and LIF, which may reflect a counter-regulatory response to ongoing immune activation.
- Type 2 immune activation is also suggested, with high IL-31 and high normal CCL28, Eotaxin-3, and IL-33, which may be consistent with allergic or mucosal immune processes. Together, these patterns could indicate a mixed immune milieu with concurrent antiviral, regulatory, and type 2-associated signaling.

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**Eve Technologies Corporation is a CLIA certified High Complexity International Laboratory**



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Cytokine, Chemokine & Growth Factor Panel**Laboratory Developed Test (LDT)**

Analyte	Results (pg/ml)	Reference Interval†	Analyte	Results (pg/ml)	Reference Interval†
6CKine	857	325 - 1345	IL-20	198 HIGH	12 - 126
APRIL	1374	180 - 5514	IL-21	13.7	0 - 32.5
BAFF	1414	329 - 2260	IL-22	65.6	0 - 164
BCA-1	68.7	28 - 249	IL-23	2794	0 - 6719
CCL28	720	0 - 800	IL-24	1307	0 - 2732
CTACK	1020	235 - 1379	IL-27	2659	167 - 4330
EGF	22.1	0 - 191	IL-28A	51.9	0 - 76.3
ENA-78		207 - 1563	IL-29	121 HIGH	0 - 31.8
Eotaxin	33.8	7.5 - 90.9	IL-31	74.5 HIGH	0 - 55.3
Eotaxin-2	284	73 - 1309	IL-33	32.1	0 - 36.5
Eotaxin-3	89.7	7.7 - 93.2	IL-34	198 HIGH	6 - 149
FGF-2	51.6	0 - 215	IL-35	852 HIGH	0 - 371
FLT-3L	23.2	0 - 51.1	IP-10	38.2	19 - 334
Fractalkine	212	0 - 441	I-TAC	31.4	18 - 220
GCP-2	101	30 - 258	LIF	84.2 HIGH	0 - 24.3
G-CSF	< 6.0	0 - 88.5	Lymphotactin	79.0	0 - 100
GM-CSF	20.1	0 - 99.4	MCP-1	302	72 - 723
Granzyme A	79.5	9 - 120	MCP-2	33.1	5.7 - 88.5
Granzyme B	5.7	0.9 - 26.3	MCP-3	33.8	0 - 41.2
GRO α	20.3	0 - 62.3	MCP-4	89.7	22 - 156
HMGB1	4009	0 - 4078	M-CSF	62.3	0 - 321
I-309	26.8	0.8 - 66.4	MDC	774	167 - 1214
IFN- α 2	32.6	0 - 139	MIG	783	380 - 6176
IFN β	161	0 - 161	MIP-1 α	15.8	0 - 88.1
IFN γ	3.5	0 - 18.3	MIP-1 β	46.4	8 - 115
IFN ω	153 HIGH	0 - 67.3	MIP-1 δ	1639	1166 - 7149
IL-1 α	< 3.0	0 - 82.5	MIP-3 α	10.0	2.7 - 44.3
IL-1 β	9.9	0 - 89.4	MIP-3 β	66.8	26 - 237
IL-1RA	3.0	0 - 40.9	MPIF-1	271	69 - 715
IL-2	< 0.4	0 - 9.9	PDGF-AA	638	202 - 4693
IL-3	< 0.4	0 - 1.1	PDGF-AB/BB	9618 LOW	11200 - 34600
IL-4	3.0	0 - 8.1	Perforin	6054	1119 - 10192
IL-5	6.8	0.4 - 18.4	RANTES	500	389 - 2464
IL-6	2.6	0 - 10.6	sCD137	27.5	3.7 - 40.4
IL-7	2.4	0 - 17.4	sCD40L	1065	361 - 11200
IL-8	5.3	0 - 26.0	SCF	804	382 - 1908
IL-9	7.2	0 - 27.2	SDF-1	3547	868 - 4506
IL-10	2.4	0 - 21.6	sFas (ng/ml)	12.6	2.9 - 44.8
IL-11	24.6	0 - 41.2	sFasL	37.4	24 - 428
IL-12p40	23.4	14 - 186	TARC	21.6	7 - 245
IL-12p70	19.1	0 - 25.2	TGF α	3.7	0 - 30.5
IL-13	147	0 - 229	TNF α	51.8	15 - 167
IL-15	15.6	0 - 65.1	TNF β	12.5	0 - 54.7
IL-16	363	19 - 788	TPO	171	36 - 1231
IL-17A	1.5	0 - 23.3	TRAIL	34.5	4.4 - 87.6
IL-17E/IL-25	165	0 - 1785	TSLP	1.1	0 - 2.6
IL-17F	17.0	0 - 69.8	VEGF-A	337	13 - 495
IL-18	40.3	6 - 283			

† Reference intervals estimated by data-mining ≥ 1000 SERUM samples drawn from both healthy and pathological subjects.

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Cytokine Groupings - Immune Signatures

Groupings represent co-expressing cytokines identified by non-biased clustering of >130 clinical plasma-EDTA samples

Analyte	Results (pg/ml)	Reference Interval†	Analyte	Results (pg/ml)	Reference Interval†
GROUP A1 - INNATE/AUTOIMMUNE INFLAMMATION			GROUP D1 - LYMPHOCYTE RECRUITMENT/ACTIVATION		
FGF-2	51.6	0 - 215	BCA-1	68.7	28 - 249
IFN- α 2	32.6	0 - 139	CCL28	720	0 - 800
IL-1 α	< 3.0	0 - 82.5	Granzyme A	79.5	9 - 120
IL-1 β	9.9	0 - 89.4	Granzyme B	5.7	0.9 - 26.3
IL-1RA	3.0	0 - 40.9	I-309	26.8	0.8 - 66.4
IL-2	< 0.4	0 - 9.9	IL-16	363	19 - 788
IL-17A	1.5	0 - 23.3	IL-23	2794	0 - 6719
GROUP A2 - PRO-INFLAMMATORY/T CELL BIOMARKERS			IL-35	852	HIGH 0 - 371
Fractalkine	212	0 - 441	Lymphotactin	79.0	0 - 100
IFN γ	3.5	0 - 18.3	sCD137	27.5	3.7 - 40.4
IL-4	3.0	0 - 8.1	sFasL	37.4	24 - 428
IL-5	6.8	0.4 - 18.4	TPO	171	36 - 1231
IL-9	7.2	0 - 27.2	GROUP D2 - MUCOSAL INFLAMMATION/DAMAGE		
IL-12p40	23.4	14 - 186	Eotaxin-3	89.7	7.7 - 93.2
IL-12p70	19.1	0 - 25.2	HMGB1	4009	0 - 4078
IL-13	147	0 - 229	IFN β	161	0 - 161
IL-17F	17.0	0 - 69.8	IFN ω	153	HIGH 0 - 67.3
IL-22	65.6	0 - 164	IL-11	24.6	0 - 41.2
MCP-3	33.8	0 - 41.2	IL-17E/IL-25	165	0 - 1785
MIP-1 α	15.8	0 - 88.1	IL-20	198	HIGH 12 - 126
TGF α	3.7	0 - 30.5	IL-21	13.7	0 - 32.5
TNF α	51.8	15 - 167	IL-24	1307	0 - 2732
TNF β	12.5	0 - 54.7	IL-28A	51.9	0 - 76.3
GROUP A3 - HEMATOPOIETIC GROWTH FACTORS			IL-29	121	HIGH 0 - 31.8
GM-CSF	20.1	0 - 99.4	IL-31	74.5	HIGH 0 - 55.3
G-CSF	< 6.0	0 - 88.5	IL-33	32.1	0 - 36.5
IL-3	< 0.4	0 - 1.1	IL-34	198	HIGH 6 - 149
IL-7	2.4	0 - 17.4	LIF	84.2	HIGH 0 - 24.3
GROUP B - INNATE INFLAMMATION/CYTOKINE STORM			TSLP	1.1	0 - 2.6
BAFF	1414	329 - 2260	GROUP E - IMMUNE CELL TRAFFICKING/ACTIVATION		
FLT-3L	23.2	0 - 51.1	6CKine	857	325 - 1345
IL-27	2659	167 - 4330	CTACK	1020	235 - 1379
IL-6	2.6	0 - 10.6	Eotaxin	33.8	7.5 - 90.9
IL-8	5.3	0 - 26.0	Eotaxin-2	284	73 - 1309
IP-10	38.2	19 - 334	MDC	774	167 - 1214
I-TAC	31.4	18 - 220	MIP-1 δ	1639	1166 - 7149
IL-10	2.4	0 - 21.6	MPIF-1	271	69 - 715
IL-15	15.6	0 - 65.1	RANTES	500	389 - 2464
IL-18	40.3	6 - 283	SCF	804	382 - 1908
MCP-1	302	72 - 723	SDF-1	3547	868 - 4506
MCP-2	33.1	5.7 - 88.5	GROUP F - PLATELET ACTIVATION/WOUND HEALING		
M-CSF	62.3	0 - 321	APRIL	1374	180 - 5514
MIG	783	380 - 6176	EGF	22.1	0 - 191
MIP-1 β	46.4	8 - 115	ENA-78		207 - 1563
MIP-3 α	10.0	2.7 - 44.3	GCP-2	101	30 - 258
MIP-3 β	66.8	26 - 237	GRO α	20.3	0 - 62.3
GROUP C - CELL DEATH BIOMARKERS			MCP-4	89.7	22 - 156
Perforin	6054	1119 - 10192	PDGF-AA	638	202 - 4693
sFas (ng/ml)	12.6	2.9 - 44.8	PDGF-AB/BB	9618	LOW 11200 - 34600
TRAIL	34.5	4.4 - 87.6	sCD40L	1065	361 - 11200
			TARC	21.6	7 - 245
			VEGF-A	337	13 - 495

† Reference intervals estimated by data-mining ≥ 1000 SERUM samples drawn from both healthy and pathological subjects. Page 3 of 4

Cytokine Groupings Descriptions

<p>GROUP A1 - INNATE / AUTOIMMUNE INFLAMMATION</p> <p>The analytes in this group are associated with innate immunity (IL-1α/β, IL-17E/IL-25, IFNα2), type 1 (IFNα2, IL-2, MIP-1α), and type 3 (IL-17A, IL-1) immune responses. IL-1, type I interferons, IL-17, MIP-1α, and FGF-2 contribute to autoimmune diseases, while IL-2 and IL-17E/IL-25 can either promote or suppress autoimmunity. IL-17A and FGF-2 synergistically drive inflammation in autoimmune arthritis. IL-1, IL-17, and FGF-2 potentiate Th17-mediated immunity, a key driver of autoimmunity, whereas IL-2 and IL-17E/IL-25 negatively regulate Th17 activity. IFNα2 exacerbates Th17-mediated inflammation, as seen in systemic lupus erythematosus (SLE), where IFNα2 and IL-17A form a pathogenic signaling axis. IL-1α/β also drive innate inflammatory responses and autoinflammatory conditions, and IL-1RA is expressed as a negative regulator of IL-1 signaling.</p>
<p>GROUP A2 - PRO-INFLAMMATORY/T CELL BIOMARKERS</p> <p>This group of analytes includes pro-inflammatory cytokines involved in initiating innate inflammation and adaptive immune responses. The cytokine profile reflects Th1 (IFNγ, IL-12p70, TNFβ; intracellular pathogens/autoimmunity), Th2 (IL-4, IL-5, IL-13, IL-9; helminths/allergy/tissue repair), Th17 (IL-17F, IL-22; extracellular pathogens/autoimmunity), Th9 (IL-9), and Th22 (IL-22, IL-13) responses, which influence allergy and autoimmunity. Mixed T cell cytokine patterns may indicate diverse inflammatory responses, T cell heterogeneity and plasticity, or hybrid cells expressing multiple cytokines (e.g., IL-4 with IFNγ, IFNγ with IL-17A). These patterns may also reflect regulatory mechanisms, such as type 2 cytokine release following tissue damage from type 1 or type 3 responses.</p>
<p>GROUP A3 - HEMATOPOIETIC GROWTH FACTORS</p> <p>The analytes in this group are hematopoietic growth factors and could indicate the expansion and activation of lymphocytes (IL-7) and/or leukocytes (GM-CSF, G-CSF, IL-3).</p>
<p>GROUP B - INNATE INFLAMMATION/CYTOKINE STORM</p> <p>High levels of these analytes may indicate innate immune responses. IL-6 drives acute phase protein release, IL-18 acts as a pro-inflammatory alarmin via inflammasome activation, and Flt-3L supports innate lymphoid cell development. Elevated levels can signify severe systemic inflammation, such as cytokine storm (CRS). Key cytokines involved in CRS include IL-6, IL-10, IL-18, IL-8, MIG, IP-10, MIP-1β, and MCP-1. IL-10, despite its anti-inflammatory role, is upregulated in CRS, reflecting an insufficient regulatory response. High analyte levels are common in CRS-related conditions like macrophage activation syndrome (MAS), adult-onset Still's disease (AOSD), systemic arthritis, hemophagocytic lymphohistiocytosis (HLH), and lymphocytic leukemia.</p>
<p>GROUP C - CELL DEATH BIOMARKERS</p> <p>The analytes in this group promote cell death through facilitating (perforin) or directly inducing apoptosis (sFas, TRAIL).</p>
<p>GROUP D1 - LYMPHOCYTE RECRUITMENT/ACTIVATION</p> <p>Elevated levels of these analytes may reflect the recruitment and activation of NK, T, and B cells. Granzyme A and B are cytotoxic mediators from NK and CD8+ T cells. sCD137 indicates NK and T cell activity, while sFasL regulates apoptosis and is shed by NK and CD8+ T cells. Lymphotactin (CD8+ T cells), CCL28 (NK and T cells), I-309 and IL-16 (CD4+ T cells) recruit lymphocytes to inflammation sites. IL-23 has context-specific pro-inflammatory effects on NK cells, CD4+ and CD8+ T cells, while IL-35 suppresses inflammation and cytotoxic cell function.</p>
<p>GROUP D2 - MUCOSAL INFLAMMATION/DAMAGE</p> <p>Elevated levels of these analytes may indicate tissue injury and mucosal inflammation. IL-17E/IL-25, TSLP, and IL-33 are epithelial alarmins that activate type 2 immune responses. IFNβ and IFNω (type 1 interferons) and IL-28A and IL-29 (type 3 interferons) are linked to innate antiviral responses and mucosal immunity. HMGB1, released by damaged cells, promotes interferon expression. IL-34 supports mucosal-resident macrophages, while IL-11, IL-20, and IL-21 contribute to epithelial defense and tissue repair.</p>
<p>GROUP E - IMMUNE CELL TRAFFICKING/ACTIVATION</p> <p>The analytes in this group drive the recruitment, homing and activation of leukocytes and lymphocytes.</p>
<p>GROUP F - PLATELET ACTIVATION/WOUND HEALING</p> <p>High levels of these analytes suggest platelet activation and wound healing, as they are released by platelets and involved in angiogenesis, tissue remodeling, and inflammation. Elevated levels are seen in conditions linked to vascular injury, angiogenesis, and thrombocytosis, such as AOSD, Kawasaki disease, juvenile arthritis, FMF, COVID-19, and Crohn's disease. Lower levels are associated with thrombocytopenia-related conditions like HLH, lymphocytic leukemia, and hematopoietic stem cell transplantation. Notably, serum samples show significantly higher analyte levels than plasma samples from the same individuals.</p>

Descriptions of the analytes and groupings with citations are available from Eve Diagnostics.

Clusters of co-expressing cytokines were determined with unsupervised clustering analysis of >130 plasma-EDTA specimens, using a similar approach as described in our publication: [Polley DJ, et al. \(2023\) Identification of novel clusters of co-expressing cytokines in a diagnostic cytokine multiplex test. Front. Immunol. 14:1223817. doi: 10.3389/fimmu.2023.1223817](#). The designations of physiological/pathological significance assigned to each grouping are speculative, based on an analysis of the immune signatures in our database of clinical specimens and on the functional/pathological roles of the analytes in each grouping established in the scientific literature.