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

Patient Name: PATIENT, NAME
Specimen ID (SID): 26-0000-02
DOB: 01-Jan-2000
PHN: AB 00000000
Reason for Testing: HLH
Relevant Medications: -

External SID: 123456789
Doctor: Dr. Doctor
Report Date: 27-Mar-2026

Specimen Type: Plasma
Date/Time Collected: 01-Jan-2026 / 00:00

Cytokine, Chemokine & Growth Factor Panel

Laboratory Developed Test (LDT)

Report Summary:

Sample Comments:

-

Results Summary:

High Analytes: BAFF, CTACK, GCP-2, G-CSF, GM-CSF, Granzyme A, GROα, IL-1RA, IL-6, IL-8, IL-10, IL-15, IL-17E/IL-25, IL-18, IL-22, IL-27, I-TAC, MCP-1, MCP-2, MIP-1δ, MIP-3α, MIP-3β, MPIF-1, SDF-1, TNFα, TNFβ
High Normal Analytes: IL-33, sFas
Low Analytes: MDC

Results Interpretation:

Grouping Summary:
The grouping profile shows significant elevations in group B, suggesting severe systemic inflammation or cytokine storm.

Profile Overview:
- Myeloid activation and hematopoietic growth signaling are evident, including high IL-8, IL-6, G-CSF, GM-CSF, and IL-15, alongside high-normal IL-33, which could indicate active neutrophil and basophil involvement and broader myeloid-lineage stimulation.
- Chemokine-mediated cellular recruitment is strongly represented, with high IL-8, GROα, GCP-2, MCP-1, MCP-2, MIP-3α, MIP-3β, SDF-1, I-TAC, MPIF-1, and MIP-1δ, suggesting coordinated trafficking of neutrophils, monocytes, macrophages, and lymphocytes to sites of inflammation.
- Pro-inflammatory innate cytokine signaling is present, including high IL-6 and TNFα, which may contribute to systemic inflammatory responses.
- Type 2 immune activation signals are suggested by high CTACK, IL-17E/IL-25, and high-normal IL-33, though low MDC may temper some aspects of this pathway.
- Concurrent regulatory and anti-inflammatory signaling may be present, supported by high IL-10 and IL-1RA, which may reflect an attempt to counterbalance ongoing inflammatory activity.

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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Analyte	Results (pg/ml)		Reference Interval†
6CKine	707		293 - 1243
APRIL	782		52 - 1476
BAFF	2302	**HIGH**	285 - 1689
BCA-1	123		15 - 168
CCL28	< 122		0 - 574
CTACK	1552	**HIGH**	300 - 1415
EGF	8.7		0 - 78.6
ENA-78	549		52 - 1084
Eotaxin	15.4		5.5 - 48.8
Eotaxin-2	59.9		42 - 361
Eotaxin-3	33.5		8.2 - 76.7
FGF-2	155		0 - 225
FLT-3L	14.3		0 - 29.0
Fractalkine	117		0 - 305
GCP-2	204	**HIGH**	5 - 190
G-CSF	27002	**HIGH**	0 - 81.1
GM-CSF	451	**HIGH**	0 - 62.6
Granzyme A	196	**HIGH**	6 - 109
Granzyme B	3.3		0 - 40.3
GROα	453	**HIGH**	0 - 36.0
HMGB1	552		0 - 3924
I-309	17.7		0 - 33.2
IFN-α2	57.0		13 - 128
IFNβ	24.5		0 - 99.1
IFNγ	1.7		0 - 8.3
IFNω	3.3		0 - 55.7
IL-1α	32.9		0 - 74.8
IL-1β	27.3		0 - 46.2
IL-1RA	117	**HIGH**	0 - 35.5
IL-2	1.8		0 - 7.5
IL-3	< 0.4		0 - 3.5
IL-4	0.9		0 - 3.3
IL-5	1.1		0.5 - 16.9
IL-6	> 625	**HIGH**	0 - 10.8
IL-7	2.8		0 - 7.5
IL-8	> 2500	**HIGH**	0 - 21.2
IL-9	9.0		0 - 22.8
IL-10	382	**HIGH**	0 - 19.5
IL-11	3.5		0 - 28.3
IL-12p40	58.4		0 - 220
IL-12p70	1.8		0 - 21.5
IL-13	14.3		0 - 162
IL-15	94.7	**HIGH**	0 - 22.3
IL-16	119		25 - 1033
IL-17A	2.3		0 - 24.5
IL-17E/IL-25	2683	**HIGH**	0 - 1545
IL-17F	20.4		0 - 54.0
IL-18	> 2500	**HIGH**	0 - 235
IL-20	46.6		5.7 - 99.9
IL-21	4.5		0 - 22.0
IL-22	435	**HIGH**	0 - 148
IL-23	< 97.7		0 - 3213
IL-24	91.8		0 - 1240
IL-27	4439	**HIGH**	324 - 4151
IL-28A	12.5		0 - 42.5
IL-29	15.5		0 - 31.8
IL-31	3.2		0 - 37.5
IL-33	39.5		0 - 42.0
IL-34	42.6		4.9 - 82.4
IL-35	36.0		0 - 362
IP-10	53.6		21 - 281
I-TAC	1023	**HIGH**	9 - 289
LIF	3.5		0 - 17.3
Lymphotactin	31.9		0 - 85.7
MCP-1	> 3125	**HIGH**	36 - 337
MCP-2	48.0	**HIGH**	5.9 - 35.3
MCP-3	22.5		0 - 38.6
MCP-4	80.5		16 - 148
M-CSF	179		0 - 284
MDC	35.2	**LOW**	94 - 1213
MIG	1959		381 - 5907
MIP-1α	52.0		0 - 93.0
MIP-1β	50.0		9.7 - 65.6
MIP-1δ	8608	**HIGH**	862 - 4175
MIP-3α	163	**HIGH**	1.7 - 31.2
MIP-3β	> 1250	**HIGH**	29 - 239
MPIF-1	558	**HIGH**	20 - 547
PDGF-AA	192		21 - 2962
PDGF-AB/BB	5108		1130 - 16525
Perforin	4157		1600 - 10826
RANTES	1395		194 - 2150
sCD137	18.4		2.1 - 25.2
sCD40L	398		21 - 1040
SCF	1171		247 - 1820
SDF-1	3667	**HIGH**	849 - 2770
sFas (ng/ml)	25.3		2.4 - 30.6
sFasL	98.0		28 - 400
TARC	57.3		1 - 106
TGFα	9.7		0 - 18.7
TNFα	192	**HIGH**	11 - 107
TNFβ	139	**HIGH**	0 - 27.6
TPO	188		27 - 548
TRAIL	50.4		7.9 - 92.7
TSLP	0.8		0 - 2.5
VEGF-A	3.5		0 - 91.0

† Reference intervals estimated by data-mining ≥2000 PLASMA 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†
GROUP A1 - INNATE/AUTOIMMUNE INFLAMMATION			
FGF-2	155		0 - 225
IFN-α2	57.0		13 - 128
IL-1α	32.9		0 - 74.8
IL-1β	27.3		0 - 46.2
IL-1RA	117	**HIGH**	0 - 35.5
IL-2	1.8		0 - 7.5
IL-17A	2.3		0 - 24.5
GROUP A2 - PRO-INFLAMMATORY/T CELL BIOMARKERS			
Fractalkine	117		0 - 305
IFNγ	1.7		0 - 8.3
IL-4	0.9		0 - 3.3
IL-5	1.1		0.5 - 16.9
IL-9	9.0		0 - 22.8
IL-12p40	58.4		0 - 220
IL-12p70	1.8		0 - 21.5
IL-13	14.3		0 - 162
IL-17F	20.4		0 - 54.0
IL-22	435	**HIGH**	0 - 148
MCP-3	22.5		0 - 38.6
MIP-1α	52.0		0 - 93.0
TGFα	9.7		0 - 18.7
TNFα	192	**HIGH**	11 - 107
TNFβ	139	**HIGH**	0 - 27.6
GROUP A3 - HEMATOPOIETIC GROWTH FACTORS			
GM-CSF	451	**HIGH**	0 - 62.6
G-CSF	27002	**HIGH**	0 - 81.1
IL-3	< 0.4		0 - 3.5
IL-7	2.8		0 - 7.5
GROUP B - INNATE INFLAMMATION/CYTOKINE STORM			
BAFF	2302	**HIGH**	285 - 1689
FLT-3L	14.3		0 - 29.0
IL-27	4439	**HIGH**	324 - 4151
IL-6	> 625	**HIGH**	0 - 10.8
IL-8	> 2500	**HIGH**	0 - 21.2
IP-10	53.6		21 - 281
I-TAC	1023	**HIGH**	9 - 289
IL-10	382	**HIGH**	0 - 19.5
IL-15	94.7	**HIGH**	0 - 22.3
IL-18	> 2500	**HIGH**	0 - 235
MCP-1	> 3125	**HIGH**	36 - 337
MCP-2	48.0	**HIGH**	5.9 - 35.3
M-CSF	179		0 - 284
MIG	1959		381 - 5907
MIP-1β	50.0		9.7 - 65.6
MIP-3α	163	**HIGH**	1.7 - 31.2
MIP-3β	> 1250	**HIGH**	29 - 239
GROUP C - CELL DEATH BIOMARKERS			
Perforin	4157		1600 - 10826
sFas (ng/ml)	25.3		2.4 - 30.6
TRAIL	50.4		7.9 - 92.7

Analyte	Results (pg/ml)		Reference Interval†
GROUP D1 - LYMPHOCYTE RECRUITMENT/ACTIVATION			
BCA-1	123		15 - 168
CCL28	< 122		0 - 574
Granzyme A	196	**HIGH**	6 - 109
Granzyme B	3.3		0 - 40.3
I-309	17.7		0 - 33.2
IL-16	119		25 - 1033
IL-23	< 97.7		0 - 3213
IL-35	36.0		0 - 362
Lymphotactin	31.9		0 - 85.7
sCD137	18.4		2.1 - 25.2
sFasL	98.0		28 - 400
TPO	188		27 - 548
GROUP D2 - MUCOSAL INFLAMMATION/DAMAGE			
Eotaxin-3	33.5		8.2 - 76.7
HMGB1	552		0 - 3924
IFNβ	24.5		0 - 99.1
IFNω	3.3		0 - 55.7
IL-11	3.5		0 - 28.3
IL-17E/IL-25	2683	**HIGH**	0 - 1545
IL-20	46.6		5.7 - 99.9
IL-21	4.5		0 - 22.0
IL-24	91.8		0 - 1240
IL-28A	12.5		0 - 42.5
IL-29	15.5		0 - 31.8
IL-31	3.2		0 - 37.5
IL-33	39.5		0 - 42.0
IL-34	42.6		4.9 - 82.4
LIF	3.5		0 - 17.3
TSLP	0.8		0 - 2.5
GROUP E - IMMUNE CELL TRAFFICKING/ACTIVATION			
6CKine	707		293 - 1243
CTACK	1552	**HIGH**	300 - 1415
Eotaxin	15.4		5.5 - 48.8
Eotaxin-2	59.9		42 - 361
MDC	35.2	**LOW**	94 - 1213
MIP-1δ	8608	**HIGH**	862 - 4175
MPIF-1	558	**HIGH**	20 - 547
RANTES	1395		194 - 2150
SCF	1171		247 - 1820
SDF-1	3667	**HIGH**	849 - 2770
GROUP F - PLATELET ACTIVATION/WOUND HEALING			
APRIL	782		52 - 1476
EGF	8.7		0 - 78.6
ENA-78	549		52 - 1084
GCP-2	204	**HIGH**	5 - 190
GROα	453	**HIGH**	0 - 36.0
MCP-4	80.5		16 - 148
PDGF-AA	192		21 - 2962
PDGF-AB/BB	5108		1130 - 16525
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TARC	57.3		1 - 106
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† Reference intervals estimated by data-mining ≥2000 PLASMA samples drawn from both healthy and pathological subjects.

Cytokine Groupings Descriptions

GROUP A1 - INNATE / AUTOIMMUNE INFLAMMATION
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.
GROUP A2 - PRO-INFLAMMATORY/T CELL BIOMARKERS
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.
GROUP A3 - HEMATOPOIETIC GROWTH FACTORS
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).
GROUP B - INNATE INFLAMMATION/CYTOKINE STORM
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-1ß, 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.
GROUP C - CELL DEATH BIOMARKERS
The analytes in this group promote cell death through facilitating (perforin) or directly inducing apoptosis (sFas, TRAIL).
GROUP D1 - LYMPHOCYTE RECRUITMENT/ACTIVATION
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.
GROUP D2 - MUCOSAL INFLAMMATION/DAMAGE
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.
GROUP E - IMMUNE CELL TRAFFICKING/ACTIVATION
The analytes in this group drive the recruitment, homing and activation of leukocytes and lymphocytes.
GROUP F - PLATELET ACTIVATION/WOUND HEALING
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.

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.