



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

**Patient Name:** PATIENT, NAME**Specimen ID (SID):** 26001-0000-06**DOB:** 01-Jan-2000**PHN:** AB 00000000**Reason for Testing:** Refractory arthritis**Relevant Medications:** -**External SID:** 123456789**Doctor:** Dr. Doctor**Report Date:** 01-Apr-2026**Specimen Type:** Plasma**Date/Time Collected:** 01-Jan-2026 / 00:00**Interferon Panel****Laboratory Developed Test (LDT)**

Analyte	Results (pg/ml)	Reference Interval†
TYPE I INTERFERONS		
IFN α 2	153 HIGH	13 - 128
IFN β	169 HIGH	0 - 99.1
IFN ω	96.8 HIGH	0 - 55.7
TYPE II INTERFERONS		
IFN γ	3.8	0 - 8.3
TYPE III INTERFERONS		
IFN λ 1	44.5 HIGH	0 - 31.8
IFN λ 2	43.5 HIGH	0 - 42.5
INTERFERON-RESPONSIVE CHEMOKINES		
I-TAC	76.0	9 - 289
IP-10	379 HIGH	21 - 281
MIG	8365 HIGH	381 - 5907

Sample Comments:

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Results Interpretation:

- High IFN α 2, IFN β , and IFN ω suggest activation of Type I interferon-driven antiviral programs, which could indicate induction of interferon-stimulated gene expression and promotion of broad antiviral and myeloid-activating signaling.
- High IFN λ 1 and IFN λ 2 suggest mucosal- or barrier-focused interferon signaling, which may reflect epithelial antiviral responses that influence local barrier immunity.
- High IP-10 and MIG suggest interferon-responsive chemokine activity, consistent with chemokine-mediated recruitment of CXCR3-expressing leukocytes and coordination of interferon-driven immune cell trafficking.

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 \geq 2000 PLASMA samples drawn from both healthy and pathological subjects.