



PATIENT: XXXXXXXXXXXXXXXXXXXX

TEST REF: TST-NL-XXXX

TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

COLLECTED: XX/XX/XXXX

PRACTITIONER:

GENDER: XYZ

RECEIVED: XX/XX/XXXX

XXXXXXXXXXXXXXXXXX

AGE: XX

TESTED: XX/XX/XXXX

XXXXXXXXXXXXXXXXXXXXXXXX

## TEST NAME: CytoDx (Cytokine Response Profile)

### Pro-Inflammatory

	Result		Expected
GM-CSF	2.57		<3.0
INF gamma : <i>Th1</i>	5.22	High	<5.0
IL-1 beta	<dl		<4.9
IL-2 : <i>Th1</i>	1.14		<12.0
IL-6 : <i>Th2</i>	<dl		<1.8
IL-7	0.05		<8.2
IL-8	4.33		<27.8
IL-12 p70 : <i>Th1</i>	<dl		<3.0
IL-17A : <i>Th17</i>	0.11		<1.9
IL-18	3.42		<19.0
TNF alpha	0.79		<22.0

### Anti-Inflammatory

	Result		Expected
IL-4 : <i>Th2</i>	0.83		<2.0
IL-5 : <i>Th2</i>	0.63		<1.0
IL-10 : <i>Treg</i>	0.03		<2.0
IL-13 : <i>Th2</i>	0.26		<5.0
IL-15	14.89	High	<2.0