

Overview**Method Name**

Multiplex array electrochemiluminescence

NY State Available

Yes

Specimen**Specimen Type**

Serum

Specimen Required**Specimen Type:** Serum**Collection Container/Tube:** Red or SST**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Collection Instructions:** Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 1 mL of serum frozen in a plastic vial.**Specimen Minimum Volume**

1 mL

Reject Due To

Thawing:	Warm reject; Cold OK
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Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Frozen	14 days	

Clinical & Interpretive**Reference Values**

<0.5 pg/mL

Performance**PDF Report**

No

Day(s) Performed

Monday, Wednesday, Friday

Report Available

5 to 11 days

Performing Laboratory Location

Eurofins Viracor

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

[This test was developed and its performance characteristics determined by Viracor Eurofins. It has not been cleared or approved by the U.S. Food and Drug Administration.](#)

CPT Code Information

83520

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FIL4S	IL-4, Serum	27161-9

Result ID	Test Result Name	Result LOINC® Value
FIL4S	IL-4, Serum	27161-9