

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 |
|----------|----------------------|

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 |