

## 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	365 days	

## Clinical & Interpretive

**Reference Values**

<8.6 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
FIFNY	IFN- $\gamma$ , Serum	27415-9

Result ID	Test Result Name	Result LOINC® Value
FIFNY	IFN- $\gamma$ , Serum	27415-9