

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- γ , Serum	27415-9

Result ID	Test Result Name	Result LOINC® Value
FIFNY	IFN- γ , Serum	27415-9