

## Overview

**Method Name**

Quantitative Multiplex Bead Assay

**NY State Available**

Yes

## Specimen

**Specimen Type**

Serum

**Specimen Required**

**Collection Container/Tube:** Serum gel or red top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 1 mL Serum

**Collection Instructions:**

1. As soon as possible or within 2 hours of collection, centrifuge and aliquot 1 mL of serum into a plastic vial.
2. Send frozen.

**Note: Critical frozen. Separate specimens must be submitted when multiple tests are ordered.**

**Specimen Minimum Volume**

Serum: 0.4 mL

**Reject Due To**

Heat-inactivate d specimens	Reject
Contaminated specimens	Reject

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Frozen	365 days	

## Clinical & Interpretive

**Clinical Information**

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<https://ltd.aruplab.com/>

**Reference Values**

Tumor Necrosis Factor-alpha: < or =7.2 pg/mL

Interleukin 2: < or =2.1 pg/mL

Interleukin 2 Receptor Soluble: 175.3-858.2 pg/mL

Interleukin 12: < or =1.9 pg/mL

Interferon gamma: < or =4.2 pg/mL

Interleukin 4: < or =2.2 pg/mL

Interleukin 5: < or =2.1 pg/mL

Interleukin 10: < or =2.8 pg/mL

Interleukin 13: < or =2.3 pg/mL

Interleukin 17: < or =1.4 pg/mL

Interleukin 1 beta: < or =6.7 pg/mL

Interleukin 6: < or =2.0 pg/mL

Interleukin 8: < or =3.0 pg/mL

**Interpretation**

Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes.

**Cautions**

Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

**Performance****PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**Report Available**

3 to 8 days

**Performing Laboratory Location**

ARUP Laboratories

**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 ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

**CPT Code Information**

83520 x 12

83529

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FCYTP	Cytokine Panel 13, Serum	82335-1

Result ID	Test Result Name	Result LOINC® Value
Z4722	Tumor Necrosis Factor - alpha	3074-2
Z4723	Interleukin 2	33939-0
Z4724	Interleukin 2 Receptor, Soluble	76039-7
Z4725	Interleukin 12	41760-0
Z4726	Interferon gamma	27415-9
Z4727	Interleukin 4	27161-9
Z4728	Interleukin 5	33938-2
Z4729	Interleukin 10	26848-2
Z4730	Interleukin 13	33822-8
Z4731	Interleukin 17	82334-4
Z4732	Interleukin 1 beta	13629-1
Z4733	Interleukin 6	26881-3
Z4734	Interleukin 8	33211-4