

Overview

Method Name

Electrochemiluminescence

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

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.

Reject Due To

Hemolysis: NA
Thawing: Warm reject; Cold reject
Lipemia: NA
Icterus: NA
Other: NA

Specimen Minimum Volume

1 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	28 days	

Clinical & Interpretive

Reference Values

<57.8 pg/mL

Performance**PDF Report**

No

Performing Laboratory Location

Eurofins Viracor

Fees & Codes**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
FIL8S	IL-8, Serum	33211-4

Result ID	Reporting Name	LOINC®
FIL8S	IL-8, Serum	33211-4