

## Overview

### Method Name

Multiplex array 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 OK  
Lipemia: NA  
Icterus: NA  
Other: NA

### Specimen Minimum Volume

1 mL

### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	365 days	

## Clinical & Interpretive

### Reference Values

<2.0 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
FIL4S	IL-4, Serum	27161-9

Result ID	Reporting Name	LOINC®
FIL4S	IL-4, Serum	27161-9