

Overview

Useful For

Detection of antibodies to interferon-B-1

Method Name

Viral cytopathic effect assay

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Specimen Type: Serum

Container/Tube: Red or SST

Specimen Volume: 2 mL

Collection Instructions: Draw blood in a plain red-top tube(s), serum gel tube is acceptable. Spin down and send 2 mL of serum refrigerate in a plastic vial.

Note: Sample needs to be collected either before treatment with interferon or more than 24 hours following the most recent dose. Patient should not be on steroid therapy for at least two weeks prior to testing.

Specimen Minimum Volume

0.5 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

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

	Frozen	180 days	
	Ambient	72 hours	

Clinical & Interpretive

Reference Values

Final report has been sent to the referring laboratory.

Cautions

The present of neutralizing antibodies to interferon beta, especially in persistently high titers, may be associated with reduction in the clinical effectiveness of interferon beta therapy (1). Although the measurement of Nabs can add to the clinical and imaging information used to assess the efficacy of interferon beta therapy, these results should be interpreted in the context of clinical presentation and medical history (2, 3).

Although rare, false positive or false negative results may occur. All results should be interpreted in the context of clinical findings, relevant history, and other laboratory data.

Clinical Reference

1. Goodin, DS, et al. (2007) Neurology 68:977-984 (PMID: 17389300)
2. Polman, CH, et al.(2010) Lancet Neurol 9:740-50 (PMID: 20610349)
3. Creeke, PI, et al. (2013) Ther Adv Neurol Disord 6:3-17 (PMID: 23277789)

Performance

PDF Report

Referral

Day(s) Performed

Monday through Friday

Report Available

14 to 25 days

Performing Laboratory Location

Athena Diagnostics

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.

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- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its analytical performance characteristics have been determined by Athena Diagnostics. It has not been cleared or approved by U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. .

CPT Code Information

86382

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FINA	NAbFeron (IFN-B) Antibody	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z0083	NAbFeron (IFN-B) Antibody	Not Provided