

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.

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	Frozen	14 days	

Clinical and Interpretive**Reference Values**

<2.0 pg/mL

Performance**PDF Report**

No

Day(s) and Time(s) Test Performed

Monday, Wednesday, Friday

Analytic Time

3 - 5 days

Maximum Laboratory Time

5 - 11 days

Performing Laboratory Location

Eurofins Viracor

Fees and 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 Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by Eurofins Viracor. 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
FIL1S	IL-10, Serum	26848-2

Result ID	Test Result Name	Result LOINC Value
FIL1S	IL-10, Serum	26848-2