

**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**

1 mL

**Reject Due To**

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

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Frozen	365 days	

**Clinical and Interpretive****Reference Values**

&lt;2.0 pg/mL

**Performance****PDF Report**

No

**Day(s) and Time(s) Test Performed**

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Monday, Wednesday, Friday

**Analytic Time**

3 - 5 days

**Maximum Laboratory Time**

5 - 11 days

**Performing Laboratory Location**

Viracor Eurofins

**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 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	Test Result Name	Result LOINC Value
FIL4S	IL-4, Serum	27161-9