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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hemolysis</td>
<td>NA</td>
</tr>
<tr>
<td>Lipemia</td>
<td>NA</td>
</tr>
<tr>
<td>Icterus</td>
<td>NA</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
</tr>
</tbody>
</table>

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td>Refrigerated (preferred)</td>
<td>28 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>180 days</td>
<td></td>
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<tr>
<td></td>
<td>Ambient</td>
<td>72 hours</td>
<td></td>
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</tbody>
</table>
Clinical and 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

Performance

PDF Report
Referral

Day(s) and Time(s) Test Performed
Monday through Friday

Analytic Time
14 - 21 days

Maximum Laboratory Time
16 - 25 days

Performing Laboratory Location
Athena Diagnostics

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 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

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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</thead>
<tbody>
<tr>
<td>FINA</td>
<td>NAbFeron (IFN-B) Antibody</td>
<td>Not Provided</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Result ID</th>
<th>Test Result Name</th>
<th>Result LOINC Value</th>
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</thead>
<tbody>
<tr>
<td>Z0083</td>
<td>NAbFeron (IFN-B) Antibody</td>
<td>Not Provided</td>
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