

**Overview****Useful For**

Detection of antibodies to interferon-B-1

**Method Name**

Viralcytopathiceffectassay

**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 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

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) 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**

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