

## **NEW REFERRAL TEST**

Notification Date: January 22, 2024 Effective Date: February 22, 2024

# Cytokine Panel 13, CSF

**Explanation:** The following new orderable, referred to ARUP Laboratories, will be available on February 22, 2024.

Test ID: FCP13

#### Methods:

Quantitative Multiplex Bead Assay

#### **Reference Values:**

Interferon gamma	<=4.2 pg/mL
Interleukin 1 beta	<=6.5 pg/mL
Interleukin 10	<=12.7 pg/mL
Interleukin 12	<=1.9 pg/mL
Interleukin 13	<=7.3 pg/mL
Interleukin 17	<=4.6 pg/mL
Interleukin 2 Receptor Soluble	<=26.8 pg/mL
Interleukin 2	<=2.1 pg/mL
Interleukin 4	<=5.2 pg/mL
Interleukin 5	<=2.1 pg/mL
Interleukin 6	<=7.5 pg/mL

Interleukin 8 4.6 pg/mL to 283.5 pg/mL

Tumor Necrosis Factor-alpha <=1.7 pg/mL

## **Specimen Requirements:**

Container/Tube: Cerebrospinal Fluid

Specimen Volume: 1.0 mL

**Collection Instructions:** Collect 1.0 mL CSF in sterile plastic container and ship frozen.

Minimum Volume: 0.4 mL

#### Note:

Critical frozen. Additional specimens must be submitted when multiple tests are ordered.

## **Specimen Stability Information:**

Specimen Type	Temperature	Time
CSF	Frozen	30 days

Fee: CPT Code:

\$350.00 83520x12; 83529

Day(s) Setup: Arial 11 Report Available: Arial 11

Sunday through Saturday 3 to 8 days

### **Questions:**

Contact MCL Referrals Supervisor Amy Bluhm at 800-533-1710.