

Interleukin-1 Beta, Plasma

Test ID: IL1B

Explanation:

As part of ongoing efforts to enhance testing efficiencies, IL1B will become obsolete on November 12, 2026. The recommended alternative is noted below.

Note:

Although both serum and plasma are widely used for cytokine testing, plasma is generally the preferred matrix. Preparing serum requires clotting, during which platelets and other blood cells release cytokines into the sample in vitro, raising measured levels of many cytokines above their true circulating concentrations. Plasma, by contrast, more closely reflects endogenous in vivo levels. Comparison studies across multiple assay platforms have consistently found significant differences in many cytokines between paired serum and plasma samples, showing that the two matrices cannot be used interchangeably or share reference intervals. Because clotting introduces an additional source of pre-analytical variability, plasma measurements are also more reproducible and better suited to detecting small, disease-related changes.

Recommended Alternative Test:

Cytokine Panel, Plasma

Test ID: CYTOP

Note:

Currently, not approved for New York State patients. See NYS approved recommended Alternative Test below.

Methods:

Immunoassay

Reference Values:

CXC MOTIF CHEMOKINE LIGAND 10:

<18 years: Not established

> or =18 years: < or =240 pg/mL

INTERLEUKIN 10:

<18 years: Not established

> or =18 years: < or =4.9 pg/mL

INTERLEUKIN 18:

<18 years: Not established

> or =18 years: < or =324 pg/mL

INTERLEUKIN 6:

<18 years: Not established

> or =18 years: < or =4.4 pg/mL

MONOCYTE CHEMOATTRACTANT PROTEIN 1:

<18 years: Not established

> or =18 years: < or =198 pg/mL

GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR:

<18 years: Not established

> or =18 years: < or =4.8 pg/mL

INTERFERON GAMMA:

<18 years: Not established

> or =18 years: < or =2.5 pg/mL

INTERLEUKIN 17 ALPHA:

<18 years: Not established

> or =18 years: <5.0 pg/mL

TUMOR NECROSIS FACTOR ALPHA:

<18 years: Not established

> or =18 years: < or =11.8 pg/mL

INTERLEUKIN 1 BETA:

<18 years: Not established

> or =18 years: <2.0 pg/mL

INTERLEUKIN 8:

<18 years: Not established

> or =18 years: < or =7.6 pg/mL

SOLUBLE INTERLEUKIN 2 RECEPTOR ALPHA:

<18 years: Not established

> or =18 years: < or =1929 pg/mL

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Lavender top (EDTA)

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL Plasma

- Collection Instructions:**
1. Immediately after specimen collection, place the tube on wet ice.
 2. Within 2 hours of collection, centrifuge at 4 degrees C, 1500 x g for 10 minutes and aliquot plasma into a plastic vial.
 3. Freeze immediately.
- Minimum Volume:** Plasma: 0.3 mL

Note:

1. Plasma for this test cannot be shared with other tests. Submit specimen for this test in its own vial.
2. This test cannot be added onto a previously collected specimen.
3. If a refrigerated centrifuge is not available, it is acceptable to use a room temperature centrifuge, provided the sample is kept on wet ice before centrifugation and is frozen immediately afterward.

Specimen Stability Information:

Specimen Type	Temperature	Time
Plasma EDTA	Frozen	14 days

CPT Code:

83520 x 11
83529

Day(s) Performed: Wednesday **Report Available:** 2 to 8 days

Recommended Alternative Test: (NYS patients only)

Cytokine Panel 13, Plasma

Test ID: ZW242; performed at ARUP Laboratories

Referral Lab Code: 3002601

Methodology:

Quantitative Multiplex Bead Assay

Reference Values:

Interleukin 2 Receptor, Soluble, Plasma
266.5-1410.4 pg/mL

Interleukin 12, Plasma
4.7 pg/mL or less

Interferon gamma, Plasma
10.4 pg/mL or less

Interleukin 4, Plasma
2.5 pg/mL or less

Interleukin 5, Plasma
2.1 pg/mL or less

Interleukin 10, Plasma
5.3 pg/mL or less

Interleukin 13, Plasma
5.3 pg/mL or less

Interleukin 1 beta, Plasma
7.4 pg/mL or less

Interleukin 6, Plasma
2.5 pg/mL or less

Interleukin 8, Plasma
9.4 pg/mL or less

Tumor Necrosis Factor - alpha, Plasma
14.5 pg/mL or less

Interleukin 2, Plasma
2.1 pg/mL or less

Interleukin 17, Plasma
2.2 pg/mL or less

Specimen Requirements:

Collection Container/Tube: Green (lithium heparin)

Specimen Volume: 1.0 mL

Collection Instructions: Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube. Freeze plasma within 30 minutes and ship frozen.

Minimum Volume: 0.4mL

Note:

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Specimen Stability Information:

Specimen Type	Temperature	Time
Plasma (lithium heparin)	Frozen	1 year

CPT Code:

83520 x 12

83529

Miscellaneous Referral Test Fee:

\$350.00

Day(s) Performed: Sun-Sat **Report Available:** 10 days

Questions

Contact Melissa Derksen, Laboratory Resource Coordinator at 800-533-1710.