

Overview

Method Name

Quantitative Multiplex Bead Assay

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Specimen Type: Serum

Preferred: Serum gel tube

Acceptable: Plain red top tube

Submission Container/Tube: Plastic vial

Specimen Volume: 1.0 mL

Collection Instructions: Separate from cells within 2 hours of collection. Send 1.0 mL serum frozen in plastic vial. Critical frozen. Additional specimens must be submitted when multiple tests are ordered.

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

Specimen Minimum Volume

0.4 mL

Reject Due To

| | |
|----------|----------------------------------------------------------------------------|
| Thawing: | Reject |
| Other: | Heat-inactivated, refrigerated or contaminated specimens are unacceptable. |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|-------------|----------|-------------------|
| Serum | Frozen | 365 days | |

Clinical & Interpretive

Reference Values

| | |
|---------------------------------|----------------------|
| Tumor Necrosis Factor-alpha: | < or =7.2 pg/mL |
| Interleukin 2: | < or =2.1 pg/mL |
| Interleukin 2 Receptor Soluble: | 175.3 to 858.2 pg/mL |
| Interleukin 12: | < or =1.9 pg/mL |
| Interferon gamma: | < or =4.2 pg/mL |
| Interleukin 4: | < or =2.2 pg/mL |
| Interleukin 5: | < or =2.1 pg/mL |
| Interleukin 10: | < or =2.8 pg/mL |
| Interleukin 13: | < or =2.3 pg/mL |
| Interleukin 17: | < or =1.4 pg/mL |
| Interleukin 1 beta: | < or =6.7 pg/mL |
| Interleukin 6: | < or =2.0 pg/mL |
| Interleukin 8: | < or =3.0 pg/mL |

Performance

PDF Report

No

Day(s) Performed

Sunday through Saturday

Report Available

3 to 8 days

Performing Laboratory Location

ARUP Laboratories

Fees & 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 account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

CPT Code Information

83520 x 12
83529

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|--------------------------|--------------------|
| FCYTP | Cytokine Panel 13, Serum | 82335-1 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|---------------------------------|---------------------|
| Z4722 | Tumor Necrosis Factor - alpha | 3074-2 |
| Z4723 | Interleukin 2 | 33939-0 |
| Z4724 | Interleukin 2 Receptor, Soluble | 76039-7 |
| Z4725 | Interleukin 12 | 41760-0 |
| Z4726 | Interferon gamma | 27415-9 |
| Z4727 | Interleukin 4 | 27161-9 |
| Z4728 | Interleukin 5 | 33938-2 |
| Z4729 | Interleukin 10 | 26848-2 |
| Z4730 | Interleukin 13 | 33822-8 |
| Z4731 | Interleukin 17 | 82334-4 |
| Z4732 | Interleukin 1 beta | 13629-1 |
| Z4733 | Interleukin 6 | 26881-3 |
| Z4734 | Interleukin 8 | 33211-4 |