



# Test Definition: FCP13

Cytokine Panel 13, CSF

## Overview

### Method Name

Quantitative Multiplex Bead Assay

### NY State Available

Yes

## Specimen

### Specimen Type

CSF

### Specimen Required

**Container/Tube:** Sterile vial

**Specimen Volume:** 1 mL

#### Collection Instructions:

1. Transfer 1 mL CSF to a sterile plastic container.
2. Send frozen.

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

### Specimen Minimum Volume

0.4 mL

### Reject Due To

|                             |                          |
|-----------------------------|--------------------------|
| Thawing:                    | Cold reject; Warm reject |
| Contaminated specimens      | Reject                   |
| Heat-inactivated specimens. | Reject                   |

### Specimen Stability Information

| Specimen Type | Temperature | Time    | Special Container |
|---------------|-------------|---------|-------------------|
| CSF           | Frozen      | 30 days |                   |

## Clinical & Interpretive

### Clinical Information

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Refer to <https://ltd.aruplab.com/>

**Reference Values**

Interferon gamma: < or =4.2 pg/mL

Interleukin 1 beta: < or =6.5 pg/mL

Interleukin 10: < or =12.7 pg/mL

Interleukin 12: < or =1.9 pg/mL

Interleukin 13: < or =7.3 pg/mL

Interleukin 17: < or =4.6 pg/mL

Interleukin 2 Receptor, Soluble: < or =26.8 pg/mL

Interleukin 2: < or =2.1 pg/mL

Interleukin 4: < or =5.2 pg/mL

Interleukin 5: < or =2.1 pg/mL

Interleukin 6: < or =7.5 pg/mL

Interleukin 8: 4.6-283.5 pg/mL

Tumor Necrosis Factor-alpha: < or =1.7 pg/mL

**Performance****PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**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 |
|---------|------------------------|--------------------|
| FCP13   | Cytokine Panel 13, CSF | Not Provided       |

| Result ID | Test Result Name                | Result LOINC® Value |
|-----------|---------------------------------|---------------------|
| Z6323     | Interferon gamma                | 99764-3             |
| Z6324     | Interleukin 1 beta              | 99767-6             |
| Z6325     | Interleukin 10                  | 49909-5             |
| Z6326     | Interleukin 12                  | 99765-0             |
| Z6327     | Interleukin 13                  | 70089-8             |
| Z6328     | Interleukin 17                  | 99766-8             |
| Z6329     | Interleukin 2 Receptor, Soluble | 99768-4             |
| Z6330     | Interleukin 2                   | 70077-3             |
| Z6331     | Interleukin 4                   | 70083-1             |
| Z6332     | Interleukin 5                   | 70084-9             |
| Z6333     | Interleukin 6                   | 49919-4             |
| Z6334     | Interleukin 8                   | 99769-2             |
| Z6335     | Tumor Necrosis Factor-alpha     | Not Provided        |