Interleukin-17 (IL-17) Serum  
Test Code: 40034

**Clinical and Procedure**

**Clinical Utility**  
Quantitative determination of circulating levels of human Interleukin-17 (IL-17) in serum and plasma have been reported in the scientific literature to be informative for understanding the host immunologic responses to infectious disease pathogens as well as certain cancerous tumors.\(^1,2\) In addition, determining quantitative levels of this proinflammatory cytokine may be beneficial in monitoring disease progression for inflammatory diseases such as rheumatoid arthritis, multiple sclerosis and inflammatory bowel disease and the acceptance or rejection of transplanted organ.\(^1,3,5-7\)

**Procedure**  
Multiplex array format with Meso Scale Discovery (MSD®) Sector Imager 2400. MSD Cytokine assays measure from one to ten cytokines in a 96 well MULTI-SPOT plate. The assay employs a sandwich immunoassay format. MSD technology uses electrochemiluminescence detection; a CCD camera allows for the quantification of light emitted from each spot in each well. MSD software generates a standard curve to determine sample cytokine concentrations. This test has not been cleared or approved for diagnostic use by the U.S. Food and Drug Administration.

**Specificity**  
Specific to IL-17 A.

**Turnaround Time**  
3 business days from receipt of specimen

**Specimen Information**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Order Code</th>
<th>CPT Code</th>
<th>NY Approved</th>
<th>Volume</th>
<th>Assay Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>serum</td>
<td>40034</td>
<td>83520</td>
<td>No</td>
<td>1 mL (min. 100 uL)</td>
<td>1.7 - 14000 pg/mL</td>
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</tbody>
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Special Instructions
- 1 mL, serum, ship frozen overnight on dry ice.
- Stability: 14 days frozen, stable 3 freeze/thaw cycles.

The reference range for a healthy population is less than 3.8 pg/mL. However, it should be noted that these ranges are obtained from a limited population of apparently healthy adults and are not diagnostic thresholds.

**Shipping**  
Ship Monday through Friday. Friday shipments must be labeled for Saturday delivery. All specimens must be labeled with patient's name and collection date. A Viracor Eurofins test requisition form must accompany each specimen. Multiple tests can be run on one specimen. Ship specimens FedEx Priority Overnight® to: Viracor Eurofins, 1001 NW Technology Dr, Lee's Summit, MO 64086

**Causes for Rejection**  
Invalid specimen type, inadequate volume, gross hemolysis or gross lipemia, sample not frozen upon receipt.

**Disclaimer**  
Specimens are approved for testing in New York only when indicated in the Specimen Information field above.
The CPT codes provided are based on Viracor Eurofins' interpretation of the American Medical Association's Current Procedural Terminology (CPT) codes and are provided for general informational purposes only. CPT coding is the sole responsibility of the billing party. Questions regarding coding should be addressed to your local Medicare carrier. Viracor Eurofins assumes no responsibility for billing errors due to reliance on the CPT codes illustrated in this material.

References