

Reporting Title: HBs Ag Confirmation Prenatal, S
Performing Location: Rochester

Ordering Guidance:

Specimen Requirements:

Only orderable as a reflex. For more information see HBAGP / Hepatitis B Virus Surface Antigen Prenatal, Serum.

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.8 mL

Collection Instructions:

- 1. Centrifuge blood collection tube per manufacturer's instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).
- 2. Aliquot serum into a plastic vial.

Specimen Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)	90 days	
	Refrigerated	6 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HBNTP	HBs Ag Confirmation Prenatal, S	Alphanumeric		7905-3

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87341

Reference Values:

Only orderable as a reflex. For more information see HBAGP / Hepatitis B Virus Surface Antigen Prenatal, Serum.

Negative