

Reporting Title: Acute Hepatitis Profile

Performing Location: Rochester

Necessary Information:

Date of collection is required.

Specimen Requirements:

**Patient Preparation:** For 24 hours before specimen collection, patient should **not** take multivitamins or dietary supplements (eg, hair, skin, and nail supplements) containing biotin (vitamin B7).

**Collection Container/Tube:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 2.7 mL

Collection Instructions:

- Centrifuge blood collection tube per manufacturer's instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).
- Aliquot 2 mL serum into a plastic vial labeled as SST Serum, and ship frozen (preferred).

Forms:

If not ordering electronically, complete, print, and send 1 of the following:

[-Gastroenterology and Hepatology Test Request](#) (T728)

[-Infectious Disease Serology Test Request](#) (T916)

Specimen Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)	84 days	
	Refrigerated	6 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HBIM	HBc IgM Ab, S	Alphanumeric		24113-3
H_BAG	HBs Antigen, S	Alphanumeric		5196-1
HAIGM	Hepatitis A IgM Ab, S	Alphanumeric		13950-1
HCVA4	HCV Ab, S	Alphanumeric		40726-2

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HAIGM	Hepatitis A IgM Ab, S	1	86709	Yes	Yes
HBAG	HBs Antigen, S	1	87340	Yes	Yes

HBIM	HBc IgM Ab, S	1	86705	Yes	Yes
HCVDX	HCV Ab w/Reflex to HCV PCR, S	1	86803	Yes	Yes

CPT Code Information:

- 80074 (if all 4 initial tests are performed)
- 86709 (if all 4 are not performed)
- 86705 (if all 4 are not performed)
- 87340 (if all 4 are not performed)
- 86803 (if all 4 are not performed)
- 87522 (if appropriate)
- 87341 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HCVQN	HCV RNA Detect/Quant, S	1	87522	No	Yes
HBGNT	HBs Antigen Confirmation, S	1	87341	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3
HCVQN	97291	HCV RNA Detect/Quant, S	Alphanumeric	IU/mL	11011-4

Reference Values:

HEPATITIS B SURFACE ANTIGEN

Negative

HEPATITIS B SURFACE ANTIGEN CONFIRMATION

Negative

HEPATITIS B CORE IgM ANTIBODY

Negative

HEPATITIS A IgM ANTIBODY

Negative

HEPATITIS C ANTIBODY

Negative

HEPATITIS C VIRUS RNA DETECTION AND QUANTIFICATION BY REAL-TIME RT-PCR

Undetected