

Reporting Title: HCV Ab Cadaver/Hemolyzed, S
Performing Location: Rochester

Ordering Guidance:
For testing hemolyzed specimens from **asymptomatic** patients with or without risk factors for hepatitis C virus infection, order HCCAD / Hepatitis C Virus Antibody Screen, Cadaveric or Hemolyzed Specimens, Asymptomatic, Serum.

Necessary Information:
Date of collection is required.

Specimen Requirements:
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 0.5 mL
Collection Instructions:

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

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	Frozen (preferred)	28 days	
	Ambient	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
58127	HCV Ab Cadaver/Hemolyzed, S	Alphanumeric		13955-0

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

Supplemental Report:
No

CPT Code Information:
86803

Test Definition: HCCDD

Hepatitis C Virus Antibody, Cadaveric or Hemolyzed Specimens, Symptomatic, Serum

86804 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HCVL	HCV Ab Confirmation, S	1	86804	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HCVL	63063	HCV Ab Confirmation, S	Alphanumeric		40726-2

Reference Values:

Negative