

Reporting Title: HIV-1/-2 Ab Screen Hemolyzed, S
Performing Location: Rochester

Ordering Guidance:

1. This test is **not intended for** testing **symptomatic** individuals (ie, diagnostic purposes). For testing hemolyzed specimens from such patients with or without risk factors for HIV infection, order HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.
2. **New York State clients:** This test **should not be requested** for maternal/newborn HIV screening on specimens originating in New York State due to state regulatory requirements for expedited result reporting.

Additional Testing Requirements:

If the initial enzyme immunoassay result is negative and this test was ordered as a follow-up evaluation of a specimen with a reactive rapid HIV antibody test result, clients must call 800-533-1710 or 507-266-5700 to request supplemental testing for HIV antibody confirmation/differentiation by immunochromatography (HIVDI). The HIVDI / HIV-1 and HIV-2 Antibody Confirmation and Differentiation, Serum test is not US Food and Drug Administration approved for testing cadaveric specimens. If performed, test results will be reported with a disclaimer.

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: 1.5 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 [Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Ambient	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
60357	HIV-1/-2 Ab Screen Hemolyzed, S	Alphanumeric		31201-7

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

Supplemental Report:

No

CPT Code Information:

86703
G0432
86701 (if appropriate)
86702 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HIVDI	HIV Ab Confirm / Differentiation, S	1	86701	No	No
HIS12	HIV-1/HIV-2 RNA Detect, S	1	87535	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIVDI	36112	HIV-1 Ab Differentiation, S	Alphanumeric		68961-2
HIVDI	36113	HIV-2 Ab Differentiation, S	Alphanumeric		81641-3

Reference Values:

Negative