

Reporting Title: HBs Antigen Scrn, S
Performing Location: Rochester

Ordering Guidance:
This test should **not be used** to test symptomatic individuals (ie, diagnostic purposes) who may or may not have risk factors for hepatitis B virus infection. For testing such patients, order HBAG / Hepatitis B Virus Surface Antigen, Serum.

This test should **not be used** to test or screen for chronic hepatitis B in pregnant individuals. For testing such patients, order HBAGP / Hepatitis B Virus Surface Antigen Prenatal, Serum.

This test is **not intended for** testing cadaver or grossly hemolyzed specimens. For testing such patients, order HBGCD / Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum, which is US Food and Drug Administration approved for testing on these sources.

Additional Testing Requirements:
Testing for acute hepatitis B virus infection (HBV) should also include HBIM / Hepatitis B Virus IgM Core Antibody, Serum, as during the acute HBV infection "window period," hepatitis B virus surface (HBs) antigen and HBs antibody may not be detected.

Necessary Information:
1. Date of collection is required.
2. Indicate if specimens are from autopsy/cadaver or hemolyzed sources so that the proper US Food and Drug Administration licensed assay can be performed.

Specimen Requirements:
Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube: Serum gel
Submission Container/Tube: Plastic vial
Specimen Volume: 0.9 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 serum into a plastic vial.

Forms:
If not ordering electronically, complete, print, and send [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen.

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

Result Codes:

Test Definition: HBGSN

Hepatitis B Virus Surface Antigen Screen,
Serum

Result ID	Reporting Name	Type	Unit	LOINC®
HBAGS	HBs Antigen Scrn, S	Alphanumeric		5196-1

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

Supplemental Report:

No

CPT Code Information:

87340
G0499 (if appropriate)
87341 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HBGSC	HBs Antigen Screen Confirmation, S	1	87341	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBGSC	HBGSC	HBs Antigen Screen Confirmation, S	Alphanumeric		7905-3

Reference Values:

Negative

See [Viral Hepatitis Serologic Profiles](#)