

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

Ordering Guidance:
If patient is being monitored for hepatitis B immune globulin (HBIG) therapy after organ transplantation, order HBABT / Hepatitis B Virus Surface Antibody Monitor, Post-Transplant, Serum.

This test should **not** be used for prenatal screening of **pregnant** individuals with or without risk factors for hepatitis B virus (HBV) infection. For testing such, order HBABP / Hepatitis B Virus Surface Antibody Prenatal, Qualitative/Quantitative, Serum.

This test should **not** be used for diagnostic testing of **symptomatic** individuals to evaluate post-vaccination immunity status or post-acute infection status of HBV. For testing such patients, order HBAB / Hepatitis B Virus Surface Antibody, Qualitative/Quantitative, Serum.

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).
Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube: Serum gel
Submission Container/Tube: Plastic vial
Specimen Volume: 0.7 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 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 SST	Frozen (preferred)	90 days	
	Refrigerated	6 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HBSQN	HBs Antibody, Quantitative, S	Alphanumeric	mIU/mL	5193-8

Test Definition: HBBSN

Hepatitis B Virus Surface Antibody Screen,
Qualitative/Quantitative, Serum

HBASN	HBs Antibody Scrn, S	Alphanumeric		10900-9
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LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86706
G0499 (if appropriate)

Reference Values:

HEPATITIS B SURFACE ANTIBODY
Unvaccinated: Negative
Vaccinated: Positive

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE
Unvaccinated: <8.5 mIU/mL
Vaccinated: > or =11.5 mIU/mL

See [Viral Hepatitis Serologic Profiles](#)