

**Reporting Title:** HIV-1/-2 Ag and Ab Screen, S  
**Performing Location:** Rochester

**Ordering Guidance:**  
If the specimen is obtained from either autopsy or cadaver blood sources, order HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum which is the US Food and Drug Administration-approved assay for these specimen types.

This test should **not be used** to test symptomatic individuals (ie, diagnostic purposes). For testing such patients, order HIVDS / HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Serum.

This test should **not be used** to test pregnant individuals. For testing such patients, order HVPRS / HIV Antigen and Antibody Prenatal Routine Screen, Serum.

Screening, supplemental or confirmatory serologic tests for HIV-1 or HIV-2 antibodies cannot distinguish between active neonatal HIV infection and passive transfer of maternal HIV antibodies in children up to 2 years of age. Diagnosis of HIV infection in newborns and children up to 2 years of age should be made by virologic tests, such as detection of HIV RNA (HIS12 / HIV-1/HIV-2 RNA Detection, Serum).

**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.

**Specimen Requirements:**  
**Supplies:** Sarstedt Aliquot Tube 5 mL (T914)  
**Collection Container/Tube:** Serum gel  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 1.5 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 a plastic vial.

**Forms:**  
[If not ordering electronically, complete, print, and send an Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)	30 days	
	Refrigerated	6 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
HIVS3	HIV-1/-2 Ag and Ab Screen, S	Alphanumeric		56888-1

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

Supplemental Report:

No

CPT Code Information:

- 87389
- G0475 (if appropriate)
- 86701 (if appropriate)
- 86702 (if appropriate)
- 87535 (if appropriate)
- 87538 (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	Yes
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
HIS12	616342	HIV-1 RNA	Alphanumeric		25835-0
HIS12	616343	HIV-2 RNA	Alphanumeric		69353-1

Reference Values:

Negative