MAYO CLINIC LABORATORIES

Test Definition: HVPPS

HIV-1 and HIV-2 Antibody Confirmation and Differentiation Prenatal, Serum

Reporting Title: HIV Ab Differentiation Prenatal, S
Performing Location: Rochester

Ordering Guidance:

This test **is not suitable** for follow-up testing of patients with reactive results from any rapid HIV tests, except for pregnant patients who were reactive by the Determine HIV-1/-2 Ag/Ab Combo rapid point-of-care test on serum or plasma (but not whole blood). Per the latest CDC recommended HIV testing algorithm patients with reactive results from any rapid HIV tests should be tested subsequently with laboratory-based HIV antigen and antibody combination immunoassays, such as HVPRS / HIV Antigen and Antibody Prenatal Routine Screen, Serum or HIVSP / HIV Antigen and Antibody Prenatal Routine Screen, Plasma.

If specimens are autopsy or cadaver blood sources, the proper US Food and Drug Administration-licensed assay is HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, 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.

Necessary Information:

Date of collection is required.

Specimen Requirements:

Supplies: 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 collection tube manufacturer's instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).
2. Aliquot plasma into 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	Frozen (preferred)	30 days	
	Refrigerated	6 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
618221	HIV-1 Ab Differentiation Prenatal, S	Alphanumeric		68961-2
618222	HIV-2 Ab Differentiation Prenatal, S	Alphanumeric		81641-3

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

Supplemental Report:

No

CPT Code Information:

86701
86702
87535 (if appropriate)
87538 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HPS12	HIV-1/HIV-2 RNA Detect Prenatal, S	1	87535	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HPS12	616346	HIV-1 RNA	Alphanumeric		25835-0
HPS12	616347	HIV-2 RNA	Alphanumeric		69353-1

Reference Values:

Negative