MAYO CLINIC LABORATORIES

Test Definition: HEVML

Hepatitis E Virus IgM Antibody Confirmation, Serum

Reporting Title: HEV IgM Ab Confirmation, S
Performing Location: Rochester

Necessary Information:

Date of collection is required.

Specimen Requirements:

Collection Container/Tube: Serum gel
Submission Container/Tube: Plastic vial
Specimen Volume: 0.5 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 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)
-Microbiology Test Request (T244)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
61903	HEV IgM Ab Confirmation, S	Alphanumeric		14212-5

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

Supplemental Report:

No

CPT Code Information:

86790

Reference Values:

Negative