

Reporting Title: Previous Hepatitis Profile  
Performing Location: Rochester

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 5 mL Aliquot Tube (T914)

**Collection Container/Tube:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 2.6 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 1.8 mL serum into a plastic vial and ship frozen (preferred).

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)	84 days	
	Refrigerated	6 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HBC	HBc Total Ab, S	Alphanumeric		13952-7
HB_AB	HBs Antibody, S	Alphanumeric		10900-9
HBSQN	HBs Antibody, Quantitative, S	Alphanumeric	mIU/mL	5193-8
H_BAG	HBs Antigen, S	Alphanumeric		5196-1
HCVA4	HCV Ab, S	Alphanumeric		40726-2
HAVT	Hepatitis A Virus Total Ab, S	Alphanumeric		13951-9

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HAVTA	Hepatitis A Virus Total Ab, S	1	86708	Yes	Yes
HBAG	HBs Antigen, S	1	87340	Yes	Yes
HBAB	HBs Antibody, S	1	86706	Yes	Yes
HBC	HBc Total Ab, S	1	86704	Yes	Yes
HCVDX	HCV Ab w/Reflex to HCV PCR, S	1	86803	Yes	Yes

CPT Code Information:

86704  
86706  
86708  
86803  
87340  
87341 (if appropriate)  
87522 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HBGNT	HBs Antigen Confirmation, S	1	87341	No	No
HCVQN	HCV RNA Detect/Quant, S	1	87522	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3
HCVQN	97291	HCV RNA Detect/Quant, S	Alphanumeric	IU/mL	11011-4

Reference Values:

HEPATITIS B VIRUS SURFACE ANTIGEN  
Negative

HEPATITIS B VIRUS SURFACE ANTIGEN CONFIRMATION  
Negative

HEPATITIS B VIRUS SURFACE ANTIBODY, QUALITATIVE/QUANTITATIVE  
Hepatitis B Surface Antibody  
Unvaccinated: Negative  
Vaccinated: Positive

HEPATITIS B VIRUS SURFACE ANTIBODY, QUANTITATIVE  
Unvaccinated: <8.5 mIU/mL

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Vaccinated: > or =11.5 mIU/mL

HEPATITIS B VIRUS CORE TOTAL ANTIBODIES  
Negative

HEPATITIS A VIRUS TOTAL ANTIBODY  
Unvaccinated: Negative  
Vaccinated: Positive

HEPATITIS C VIRUS ANTIBODY  
Negative

HEPATITIS C VIRUS RNA DETECTION and QUANTIFICATION by REAL-TIME RT-PCR  
Undetected

Interpretation depends on clinical setting. For more information see [Viral Hepatitis Serologic Profiles](#).