

Reporting Title: HBs Antibody, 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 screening **asymptomatic, nonpregnant** individuals with or without risk factors for hepatitis B virus (HBV) infection. For screening such patients, order HBBSN / Hepatitis B Virus Surface Antibody Screen, Qualitative/Quantitative, Serum.

This test should **not** be used for prenatal screening of **pregnant** individuals with or without risk factors for HBV infection. For screening such patients, order HBABP / Hepatitis B Virus Surface Antibody Prenatal, 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 a 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®
HB_AB	HBs Antibody, S	Alphanumeric		10900-9
HBSQN	HBs Antibody, Quantitative, S	Alphanumeric	mIU/mL	5193-8

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

**Supplemental Report:**

No

**CPT Code Information:**

86706

**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](#).