

Reporting Title: HBsAg Cadaver/Hemolyzed, S
Performing Location: Rochester

Additional Testing Requirements:
Testing for acute hepatitis B virus (HBV) infection should also include HBIM / Hepatitis B Core Antibody, IgM, Serum as during the acute HBV infection "window period," HB surface (HBs) antigen and HBs antibody may not be detected.

Necessary Information:
Date of collection is required.

Specimen Requirements:
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 2 mL

Collection instructions:
1. Centrifuge blood collection tube per collection tube manufacturer's instructions (eg, centrifuge within 2 hours of collection for BD Vacutainer tubes).
2. Aliquot serum into plastic vial.

Forms:
If not ordering electronically, complete, print, and send a [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Ambient	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
83626	HBsAg Cadaver/Hemolyzed, S	Alphanumeric		5196-1

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

Supplemental Report:
No

CPT Code Information:
87340
87341 (if appropriate)

Test Definition: HBGCD

Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
BNTCD	HBsAg Confirm Cadav/Hemol, S	1	87341	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
BNTCD	83627	HBsAg Confirm Cadav/Hemol, S	Alphanumeric		5196-1

Reference Values:

Negative