

**Reporting Title:** HBs Antigen Prenatal, S  
**Performing Location:** Rochester

**Ordering Guidance:**  
This test should **not** be used to test **symptomatic** individuals who may or may not have risk factors for hepatitis B virus (HBV) infection. For testing such individuals, order HBAG / Hepatitis B Virus Surface Antigen, Serum.

This test should **not** be used to screen or test **asymptomatic, nonpregnant** individuals with or without risk factors for HBV infection. For testing such patients, order HBGSN / Hepatitis B Virus Surface Antigen Screen, Serum.

This test **is not intended** for testing cadaver or grossly hemolyzed specimens. For testing such patients, order HBGCD / Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum, which is US Food and Drug Administration-approved for testing on these sources.

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

**Necessary Information:**  
1. **Date of collection is required.**  
2. Indicate if specimens are from autopsy/cadaver or hemolyzed sources so that the proper US Food and Drug Administration-licensed assay can be performed.

**Specimen Requirements:**  
**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)  
**Collection Container/Tube:** Serum gel  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.9 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 with the specimen:  
[-Infectious Disease Serology Test Request](#) (T916)  
[-Gastroenterology and Hepatology Test Request](#) (T728)

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®
HBSAP	HBs Antigen Prenatal, S	Alphanumeric		5196-1

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

Supplemental Report:

No

CPT Code Information:

87340  
87341 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HBNTP	HBs Ag Confirmation Prenatal, S	1	87341	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBNTP	HBNTP	HBs Ag Confirmation Prenatal, S	Alphanumeric		7905-3

Reference Values:

Negative  
See [Viral Hepatitis Serologic Profiles](#).