

Reporting Title: HEV IgG Ab, 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 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	24 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
86211	HEV IgG Ab, S	Alphanumeric		49693-5

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

Supplemental Report:

No

CPT Code Information:

86790

Reference Values:

Negative