

Reporting Title: HDV Total Ab, S

Performing Location: Rochester

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: 1 mL

Collection Instructions:

1. Centrifuge blood collection tube per collection tube manufacturer's instructions (eg, centrifuge and aliquot 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)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
9209	HDV Total Ab, S	Alphanumeric		40727-0

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

Supplemental Report:

No

CPT Code Information:

86692

Reference Values:

Negative