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**Reporting Title:** Chronic Viral Hepatitis Profile, S  
**Performing Location:** Rochester**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 5 mL Aliquot Tube (T914)

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 2.5 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 plastic vial.

**Specimen Minimum Volume:**

1.8 mL

**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)	84 days	
	Refrigerated	6 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
HCVA4	HCV Ab, S Also used by tests: HCVDX	Alphanumeric		40726-2

Result ID	Reporting Name	Type	Unit	LOINC®
H_BAG	HBs Antigen, S <b>Also used by tests: HBAG</b>	Alphanumeric		5196-1
HB_AB	HBs Antibody, S <b>Also used by tests: HBABE, HBAB</b>	Alphanumeric		10900-9
HBSQN	HBs Antibody, Quantitative, S <b>Also used by tests: HBAB, HBABP, HBABE, HBBSN</b>	Alphanumeric	mIU/mL	5193-8
HBC	HBc Total Ab, S <b>Also used by tests: HBC</b>	Alphanumeric		13952-7

LOINC and CPT codes are provided by the performing laboratory.

## Supplemental Report:

No

## Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HCVDX	HCV Ab w/Reflex to HCV PCR, S			Yes	Yes
HBAG	HBs Antigen, S			Yes	Yes
HBAB	HBs Antibody, S			Yes	Yes
HBC	HBc Total Ab, S			Yes	Yes

## CPT Code Information:

86704  
86706  
86803  
87340  
87341 (if appropriate)  
87522 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HBGNT	HBs Antigen Confirmation, S			No	No
HCVQN	HCV RNA Detect/Quant, S			No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HCVQN	97291	HCV RNA Detect/Quant, S	Alphanumeric	IU/mL	11011-4
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3

**Reference Values:****HEPATITIS B SURFACE ANTIGEN:**

Negative

**HEPATITIS B SURFACE ANTIBODY, QUALITATIVE/QUANTITATIVE**

Hepatitis B Surface Antibody

Unvaccinated: Negative

Vaccinated: Positive

**HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE**

Unvaccinated: &lt;8.5 mIU/mL

Vaccinated: &gt; or =11.5 mIU/mL

**HEPATITIS B CORE TOTAL ANTIBODIES:**

Negative

**HEPATITIS C ANTIBODY:**

Negative

Interpretation depends on clinical setting. See Viral Hepatitis Serologic Profiles.