

**Reporting Title:** HBs Ag Confirmation Prenatal, S**Performing Location:** Rochester**Specimen Requirements:**

Only orderable as a reflex. For more information see HBAGP / Hepatitis B Virus Surface Antigen Prenatal, Serum.

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.8 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.

**Specimen Minimum Volume:**

0.7 mL

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®
HBNTP	HBs Ag Confirmation Prenatal, S	Alphanumeric		7905-3

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87341



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**Reference Values:**