HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Plasma

Test Definition: HVCOP

# **Reporting Title:** HIV-1/-2 Ag and Ab Screen, P **Performing Location:** Rochester

MAYO CLINIC

BORATORIES

#### **Ordering Guidance:**

If the specimen is obtained from either autopsy or cadaver blood sources, order HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum which is the US Food and Drug Administration-approved assay for these specimen types.

Screening, supplemental or confirmatory serologic tests for HIV-1 or HIV-2 antibodies cannot distinguish between active neonatal HIV infection and passive transfer of maternal HIV antibodies in children up to 2 years of age. Diagnosis of HIV infection in newborns and children up to 2 years of age should be made by virologic tests, such as detection of HIV RNA (HIP12 / HIV-1/HIV-2 RNA Detection, Plasma).

New York State clients: This test should not be requested for maternal or newborn HIV screening on specimens originating in New York State, due to state regulatory requirements for expedited result reporting.

#### **Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube: Lavender top (EDTA)
Submission Container/Tube: Plastic vial
Specimen Volume: 1.5 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 plasma into a plastic vial.

#### **Specimen Minimum Volume:**

1 mL

#### Forms:

If not ordering electronically, complete, print, and send Infectious Disease Serology Test Request (T916)

Specimen Type	Temperature	Time	Special Container
Plasma EDTA	Frozen (preferred)	30 days	
	Refrigerated	6 days	



## **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
HIVC3	HIV-1/-2 Ag and Ab Screen, P	Alphanumeric		56888-1

LOINC and CPT codes are provided by the performing laboratory.

## **Supplemental Report:**

No

## **CPT Code Information:**

87389 G0475 86701 (if appropriate) 86702 (if appropriate) 87536 (if appropriate)

## **Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HVDIP	HIV Ab Confirm / Differentiation, P			No	Yes
HIP12	HIV-1/HIV-2 RNA Detect, P			No	Yes
HIVQN	HIV-1 RNA Detect/Quant, P			No	Yes

### **Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Туре	Unit	LOINC®
HVDIP	91947	HIV-1 Ab Differentiation, P	Alphanumeric		68961-2
HVDIP	91951	HIV-2 Ab Differentiation, P	Alphanumeric		81641-3
HIP12	616340	HIV-1 RNA	Alphanumeric		25835-0
HIP12	616341	HIV-2 RNA	Alphanumeric		69353-1
HIVQN	113581	HIV-1 RNA Detect/Quant, P	Alphanumeric	copies/mL	70241-5



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### **Reference Values:**

Negative