

**Reporting Title:** Prenatal Hepatitis Evaluation**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).

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 2.2 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 and ship frozen (preferred).

**Specimen Minimum Volume:**

1.6 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® |
|-----------|---|--------------|------|--------|
| HBSAP     | HBs Antigen Prenatal, S<br><b>Also used by tests: HBAGP</b> | Alphanumeric |      | 5196-1 |

| Result ID | Reporting Name                                  | Type         | Unit | LOINC®  |
|-----------|---|--------------|------|---------|
| HCVA6     | HCV Ab Prenatal, S<br>Also used by tests: HCVSP | Alphanumeric |      | 40726-2 |

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 |
|---------|-------------------------|-----------|----------|------------------|----------------------|
| HBAGP   | HBs Antigen Prenatal, S |           |          | Yes              | Yes                  |
| HCVSP   | HCV Ab Scrn Prenatal, S |           |          | Yes              | Yes                  |

**CPT Code Information:**

87340

86803

G0472 (if appropriate for government payers)

87522 (if appropriate)

86707 (if appropriate)

87341 (if appropriate)

87350 (if appropriate)

**Reflex Tests:**

| Test ID | Reporting Name                   | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|----------------------------------|-----------|----------|------------------|----------------------|
| EAG     | Hepatitis Be Ag, S               |           |          | No               | Yes                  |
| HEAB    | HBe Antibody, S                  |           |          | No               | Yes                  |
| HBNTF   | HBs Ag Confirmation Prenatal, S  |           |          | No               | No                   |
| HCVRP   | HCV RNA Detect/Quant Prenatal, S |           |          | No               | Yes                  |

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**Result Codes for Reflex Tests:**

| Test ID | Result ID | Reporting Name                   | Type         | Unit  | LOINC®  |
|---------|-----------|----------------------------------|--------------|-------|---------|
| HBNTP   | HBNTP     | HBs Ag Confirmation Prenatal, S  | Alphanumeric |       | 7905-3  |
| HCVRP   | 609749    | HCV RNA Detect/Quant Prenatal, S | Alphanumeric | IU/mL | 11011-4 |
| EAG     | EAG       | Hepatitis Be Ag, S               | Alphanumeric |       | 13954-3 |
| HEAB    | HEAB      | HBe Antibody, S                  | Alphanumeric |       | 33463-1 |

**Reference Values:**

HEPATITIS B VIRUS SURFACE ANTIGEN  
Negative

HEPATITIS C VIRUS ANTIBODY  
Negative

See Viral Hepatitis Serologic Profiles