

**Reporting Title:** Acute Hepatitis Profile**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: 2.7 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 2 mL serum into a plastic vial labeled as SST Serum, and ship frozen (preferred).

**Specimen Minimum Volume:**

1.9 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®
HAIGM	Hepatitis A IgM Ab, S <b>Also used by tests: HAIGM</b>	Alphanumeric		13950-1

Result ID	Reporting Name	Type	Unit	LOINC®
H_BAG	HBs Antigen, S <b>Also used by tests: HBAG</b>	Alphanumeric		5196-1
HBIM	HBc IgM Ab, S <b>Also used by tests: HBIM</b>	Alphanumeric		24113-3
HCVA4	HCV Ab, S <b>Also used by tests: HCVDX</b>	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
HAIGM	Hepatitis A IgM Ab, S			Yes	Yes
HBAG	HBs Antigen, S			Yes	Yes
HBIM	HBc IgM Ab, S			Yes	Yes
HCVDX	HCV Ab w/Reflex to HCV PCR, S			Yes	Yes

**CPT Code Information:**

80074 (if all 4 initial tests are performed)

86709 (if all 4 are not performed)

86705 (if all 4 are not performed)

87340 (if all 4 are not performed)

86803 (if all 4 are not performed)

87522 (if appropriate)

87341 (if appropriate)

**Reflex Tests:**

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

**Result Codes for Reflex Tests:**

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

**Reference Values:**

HEPATITIS B SURFACE ANTIGEN  
Negative

HEPATITIS B SURFACE ANTIGEN CONFIRMATION  
Negative

HEPATITIS B CORE IgM ANTIBODY  
Negative

HEPATITIS A IgM ANTIBODY  
Negative

HEPATITIS C ANTIBODY  
Negative

HEPATITIS C VIRUS RNA DETECTION AND QUANTIFICATION BY REAL-TIME RT-PCR  
Undetected