



**Reporting Title:** HCV Ab Cadaver/Hemolyzed, S

**Performing Location:** Rochester

**Ordering Guidance:**

For testing hemolyzed specimens from asymptomatic patients with or without risk factors for hepatitis C virus infection, order HCCAD / Hepatitis C Virus Antibody Screen, Cadaveric or Hemolyzed Specimens, Asymptomatic, Serum.

**Necessary Information:**

Date of collection is required.

**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Centrifuge blood collection tube per collection tube manufacturer's instructions (eg, centrifuge within 2 hours of collection for BD Vacutainer tubes).
2. Aliquot serum into plastic vial.

**Specimen Minimum Volume:**

0.2 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	Frozen (preferred)	28 days	
	Ambient	7 days	
	Refrigerated	7 days	



**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
58127	HCV Ab Cadaver/Hemolyzed, S	Alphanumeric		13955-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86803

86804 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HCVL	HCV Ab Confirmation, S			No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HCVL	63063	HCV Ab Confirmation, S	Alphanumeric		40726-2

**Reference Values:**

Negative