Test Definition: HVDIP

HIV-1 and HIV-2 Antibody Confirmation and Differentiation, Plasma

Reporting Title: HIV Ab Confirm / Differentiation, P
Performing Location: Rochester

Ordering Guidance:

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 infants up to 2 years should be made by virologic tests, such as detection of HIV-RNA (HIP12 / HIV-1/HIV-2 RNA Detection, Plasma).

This test is not suitable for follow-up testing of patients with reactive results from any rapid HIV tests, regardless of specimen type tested, with the exception of patients who were reactive by the Determine HIV-1/-2 Antigen/Antibody Combo rapid point-of-care test on serum or plasma (but not whole blood). Per the latest Centers for Disease Control and Prevention recommended HIV testing algorithm, the patients with reactive results from any rapid HIV tests should be tested subsequently with laboratory-based HIV antigen and antibody combination immunoassays, such as HIVDX / HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Plasma.

If specimens are autopsy or cadaver blood sources, the proper US Food and Drug Administration-licensed assay is HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.

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

Necessary Information:

Date of collection is required.

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube: Lavender top (EDTA)
Submission Container/Tube: Plastic vial
Specimen Volume: 1 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 plastic vial

Specimen Minimum Volume:

0.8 mL

Forms:

If not ordering electronically, complete, print, and send an Infectious Disease Serology Test Request (T916) with the specimen.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
91947	HIV-1 Ab Differentiation, P	Alphanumeric		68961-2
91951	HIV-2 Ab Differentiation, P	Alphanumeric		81641-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:

86701
86702
87535 (if appropriate)
87538 (if appropriate)
87536 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
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	Type	Unit	LOINC®
HIP12	616340	HIV-1 RNA	Alphanumeric		25835-0
HIP12	616341	HIV-2 RNA	Alphanumeric		69353-1

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Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIVQN	113581	HIV-1 RNA Detect/Quant, P	Alphanumeric	copies/mL	70241-5

Reference Values:

Negative