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**Reporting Title:** HIV-1/-2 Ab Screen Hemolyzed, S**Performing Location:** Rochester**Ordering Guidance:**

1. This test is not intended for testing symptomatic individuals (ie, diagnostic purposes). For testing hemolyzed specimens from such patients with or without risk factors for HIV infection, order HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.
2. 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.

**Additional Testing Requirements:**

If the initial enzyme immunoassay result is negative and this test was ordered as a follow-up evaluation of a specimen with a reactive rapid HIV antibody test result, clients must call 800-533-1710 or 507-266-5700 to request supplemental testing for HIV antibody confirmation/differentiation by immunochromatography (HIVDI). The HIVDI / HIV-1 and HIV-2 Antibody Confirmation and Differentiation, Serum test is not US Food and Drug Administration approved for testing cadaveric specimens. If performed, test results will be reported with a disclaimer.

**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: 1.5 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 Infectious Disease Serology Test Request (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Ambient	7 days	
	Refrigerated	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
60357	HIV-1/-2 Ab Screen Hemolyzed, S	Alphanumeric		31201-7

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86703

G0432

86701 (if appropriate)

86702 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HIVDI	HIV Ab Confirm / Differentiation, S			No	No
HIS12	HIV-1/HIV-2 RNA Detect, S			No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIVDI	36112	HIV-1 Ab Differentiation, S	Alphanumeric		68961-2
HIVDI	36113	HIV-2 Ab Differentiation, S	Alphanumeric		81641-3

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIS12	616342	HIV-1 RNA	Alphanumeric		25835-0
HIS12	616343	HIV-2 RNA	Alphanumeric		69353-1

**Reference Values:**

Negative