
Reporting Title: HBs Antibody Scrn, S**Performing Location:** Rochester**Ordering Guidance:**

If patient is being monitored for hepatitis B immune globulin (HBIG) therapy after organ transplantation, order HBABT / Hepatitis B Virus Surface Antibody Monitor, Post-Transplant, Serum.

This test should not be used for prenatal screening of pregnant individuals with or without risk factors for hepatitis B virus (HBV) infection. For testing such, order HBABP / Hepatitis B Virus Surface Antibody Prenatal, Qualitative/Quantitative, Serum.

This test should not be used for diagnostic testing of symptomatic individuals to evaluate post-vaccination immunity status or post-acute infection status of HBV. For testing such patients, order HBAB / Hepatitis B Virus Surface Antibody, Qualitative/Quantitative, Serum.

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).

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.7 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 serum into plastic vial.

Specimen Minimum Volume:

0.6 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)	90 days	
	Refrigerated	6 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HBASN	HBs Antibody Scrn, S	Alphanumeric		10900-9
HBSQL	HBs Antibody, Quantitative, S Also used by tests: HBAB, HBABP, HBABE	Alphanumeric	mIU/mL	5193-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86706
G0499 (if appropriate)

Reference Values:**HEPATITIS B SURFACE ANTIBODY**

Unvaccinated: Negative

Vaccinated: Positive

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE

Unvaccinated: <8.5 mIU/mL

Vaccinated: > or =11.5 mIU/mL

See Viral Hepatitis Serologic Profiles