

---

**Reporting Title:** HIV-1/-2 Ag and Ab Diagnostic, S  
**Performing Location:** Rochester**Ordering Guidance:**

If the specimen is obtained from either autopsy or cadaver blood sources, order HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum which is the US Food and Drug Administration-approved assay for these specimen types.

This test should not be used to screen or test asymptomatic, nonpregnant individuals. For testing such patients, order HIVSS / HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Serum.

This test should not be used to test pregnant individuals. For testing such patients, order HVPRS / HIV Antigen and Antibody Prenatal Routine Screen, Serum.

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 infants during the postnatal period (up to 2 years old). Diagnosis of HIV infection in newborns and infants up to 2 years old should be made by virologic tests, such as detection of HIV RNA (HIS12 / HIV-1/HIV-2 RNA Detection, 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.

**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1.5 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 a plastic vial.

**Specimen Minimum Volume:**

1 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
---------------	-------------	------	-------------------

Serum SST	Frozen (preferred)	30 days	
	Refrigerated	6 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
HIVS4	HIV-1/-2 Ag and Ab Diagnostic, S	Alphanumeric		56888-1

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87389  
86701 (if appropriate)  
86702 (if appropriate)  
87535 (if appropriate)  
87538 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HIVDI	HIV Ab Confirm / Differentiation, S			No	Yes
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
HIS12	616342	HIV-1 RNA	Alphanumeric		25835-0
HIS12	616343	HIV-2 RNA	Alphanumeric		69353-1

---

**Reference Values:**

Negative