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**Reporting Title:** HIV-1/-2 Ag and Ab Prenatal Scrn, 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 test symptomatic individuals (ie, diagnostic purposes). For testing such patients, order HIVDS / HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Serum.

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.

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         | Frozen (preferred) | 30 days |                   |
|               | Refrigerated       | 6 days  |                   |

**Result Codes:**

| Result ID | Reporting Name                 | Type         | Unit | LOINC®  |
|-----------|--------------------------------|--------------|------|---------|
| HIVS5     | HIV-1/-2 Ag and Ab Prenatal, S | Alphanumeric |      | 56888-1 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87389  
G0475 (if appropriate)  
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 |
|---------|------------------------------------|-----------|----------|------------------|----------------------|
| HVPPS   | HIV Ab Differentiation Prenatal, S |           |          | No               | Yes                  |
| HPS12   | HIV-1/HIV-2 RNA Detect Prenatal, S |           |          | No               | Yes                  |

**Result Codes for Reflex Tests:**

| Test ID | Result ID | Reporting Name                       | Type         | Unit | LOINC®  |
|---------|-----------|--------------------------------------|--------------|------|---------|
| HVPPS   | 618221    | HIV-1 Ab Differentiation Prenatal, S | Alphanumeric |      | 68961-2 |
| HVPPS   | 618222    | HIV-2 Ab Differentiation Prenatal, S | Alphanumeric |      | 81641-3 |
| HPS12   | 616346    | HIV-1 RNA                            | Alphanumeric |      | 25835-0 |
| HPS12   | 616347    | HIV-2 RNA                            | Alphanumeric |      | 69353-1 |

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**Reference Values:**

Negative