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**Reporting Title:** HEV IgM Ab Confirmation, S  
**Performing Location:** Rochester**Necessary Information:**

Date of collection is required.

**Specimen Requirements:**

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Centrifuge blood collection tube per collection tube 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:**

0.2 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)
- Microbiology Test Request (T244)

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
61903	HEV IgM Ab Confirmation, S	Alphanumeric		14212-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

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**CPT Code Information:**

86790

**Reference Values:**

Negative