

Reporting Title: Previous Hepatitis Profile**Performing Location:** Rochester**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 5 mL Aliquot Tube (T914)

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 2.6 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 1.8 mL serum into a plastic vial and ship frozen (preferred).

Specimen Minimum Volume:

1.8 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)	84 days	
	Refrigerated	6 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HAVT	Hepatitis A Virus Total Ab, S Also used by tests: HAVTA	Alphanumeric		13951-9

Result ID	Reporting Name	Type	Unit	LOINC®
H_BAG	HBs Antigen, S Also used by tests: HBAG	Alphanumeric		5196-1
HB_AB	HBs Antibody, S Also used by tests: HBAB, HBABE	Alphanumeric		10900-9
HBSQN	HBs Antibody, Quantitative, S Also used by tests: HBAB, HBABP, HBBSN, HBABE	Alphanumeric	mIU/mL	5193-8
HBC	HBc Total Ab, S Also used by tests: HBC	Alphanumeric		13952-7
HCVA4	HCV Ab, S Also used by tests: HCVDX	Alphanumeric		40726-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HAVTA	Hepatitis A Virus Total Ab, S			Yes	Yes
HBAG	HBs Antigen, S			Yes	Yes
HBAB	HBs Antibody, S			Yes	Yes
HBC	HBc Total Ab, S			Yes	Yes
HCVDX	HCV Ab w/Reflex to HCV PCR, S			Yes	Yes

CPT Code Information:

86704
86706
86708
86803
87340
87341 (if appropriate)
87522 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HBGNT	HBs Antigen Confirmation, S			No	No
HCVQN	HCV RNA Detect/Quant, S			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3
HCVQN	97291	HCV RNA Detect/Quant, S	Alphanumeric	IU/mL	11011-4

Reference Values:

HEPATITIS B VIRUS SURFACE ANTIGEN

Negative

HEPATITIS B VIRUS SURFACE ANTIGEN CONFIRMATION

Negative

HEPATITIS B VIRUS SURFACE ANTIBODY, QUALITATIVE/QUANTITATIVE

Hepatitis B Surface Antibody

Unvaccinated: Negative

Vaccinated: Positive

HEPATITIS B VIRUS SURFACE ANTIBODY, QUANTITATIVE

Unvaccinated: <8.5 mIU/mL

Vaccinated: > or =11.5 mIU/mL

HEPATITIS B VIRUS CORE TOTAL ANTIBODIES

Negative

HEPATITIS A VIRUS TOTAL ANTIBODY

Unvaccinated: Negative

Vaccinated: Positive

HEPATITIS C VIRUS ANTIBODY

Negative

HEPATITIS C VIRUS RNA DETECTION and QUANTIFICATION by REAL-TIME RT-PCR

Undetected

Interpretation depends on clinical setting. For more information see Viral Hepatitis Serologic Profiles.