



Reporting Title: HIV Ab Confirm / Differentiation, S

Performing Location: Rochester

Ordering Guidance:

If testing is needed for autopsy or cadaver blood sourced specimens, order the US Food and Drug Administration-licensed assay: HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.

This test should not be used to test or screen pregnant individuals. For testing such patients, order HVPPS / HIV-1 and HIV-2 Antibody Confirmation and Differentiation Prenatal, 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). 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 (HIP12 / HIV-1/HIV-2 RNA Detection, Plasma or HIS12 / HIV-1/HIV-2 RNA Detection, Serum).

This test is not useful for follow-up testing of patients with reactive results from any rapid HIV tests. Per the latest Centers for Disease Control and Prevention recommended HIV testing algorithm, these patients should be tested subsequently with laboratory-based HIV antigen and antibody combination immunoassays, such as HIVDX / HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Plasma or HIVDS / HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Serum.

Necessary Information:

Date of collection is required.

Specimen Requirements:

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 within 2 hours of collection for BD Vacutainer tubes).

2. Aliquot serum into plastic vial.

Specimen Minimum Volume:

0.8 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	Frozen (preferred)	30 days	
	Refrigerated	6 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
36112	HIV-1 Ab Differentiation, S	Alphanumeric		68961-2
36113	HIV-2 Ab Differentiation, S	Alphanumeric		81641-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86701

86702

87535 (if appropriate)

87538 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HIS12	HIV-1/HIV-2 RNA Detect, S			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIS12	616342	HIV-1 RNA	Alphanumeric		25835-0
HIS12	616343	HIV-2 RNA	Alphanumeric		69353-1



Reference Values:

Negative