

## **Test Definition: EAG**

Hepatitis B Virus e Antigen, Serum

Reporting Title: Hepatitis Be Ag, S

Performing Location: Rochester

## Ordering Guidance:

If ordered with HBVQN / Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum; send separate vials.

## **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 Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Serum gel Submission Container/Tube: Plastic vial

Specimen Volume: 0.7 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 plastic vial.

#### **Specimen Minimum Volume:**

0.6 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)

| Specimen Type | Temperature        | Time     | Special Container |
|---------------|--------------------|----------|-------------------|
| Serum SST     | Frozen (preferred) | 90 days  |                   |
|               | Refrigerated       | 6 days   |                   |
|               | Ambient            | 72 hours |                   |



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## **Result Codes:**

| Result ID | Reporting Name     | Туре         | Unit | LOINC®  |
|-----------|--------------------|--------------|------|---------|
| EAG       | Hepatitis Be Ag, S | Alphanumeric |      | 13954-3 |

LOINC and CPT codes are provided by the performing laboratory.

| Sup | plem | ental | Rep | ort: |
|-----|------|-------|-----|------|
|-----|------|-------|-----|------|

No

## **CPT Code Information:**

87350

## **Reference Values:**

Negative