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**Reporting Title:** HBsAg Cadaver/Hemolyzed, S  
**Performing Location:** Rochester**Additional Testing Requirements:**

Testing for acute hepatitis B virus (HBV) infection should also include HBIM / Hepatitis B Core Antibody, IgM, Serum as during the acute HBV infection "window period," HB surface (HBs) antigen and HBs antibody may not be detected.

**Necessary Information:**

Date of collection is required.

**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Collection instructions:

1. Centrifuge blood collection tube per collection tube manufacturer's instructions (eg, centrifuge within 2 hours of collection for BD Vacutainer tubes).
2. Aliquot serum into plastic vial.

**Specimen Minimum Volume:**

1.5 mL

**Forms:**

If not ordering electronically, complete, print, and send a Gastroenterology and Hepatology Test Request (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Ambient	7 days	
	Refrigerated	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
83626	HBsAg Cadaver/Hemolyzed, S	Alphanumeric		5196-1

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87340

87341 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
BNTCD	HBsAg Confirm Cadav/Hemol, S			No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
BNTCD	83627	HBsAg Confirm Cadav/Hemol, S	Alphanumeric		5196-1

**Reference Values:**

Negative