

Reporting Title: HSV Types 1 and 2 Ab, IgG, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.6 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Specimen Minimum Volume:

0.4 mL

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-General Request (T239)

-Infectious Disease Serology Test Request (T916)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HS1G	HSV Type 1 Ab, IgG, S	Alphanumeric		51916-5
HS2G	HSV Type 2 Ab, IgG, S	Alphanumeric		43180-9

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
HS1G	HSV Type 1 Ab, IgG, S			Yes	No
HS2G	HSV Type 2 Ab, IgG, S			Yes	No

CPT Code Information:86695
86696**Reference Values:**

Negative