



**Reporting Title:** HEV IgM Ab Screen, S

**Performing Location:** Rochester

**Necessary Information:**

Date of collection is required.

**Specimen Requirements:**

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 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:**

See Specimen Required

**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)

-Microbiology Test Request (T244)

Specimen Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)		
	Refrigerated	24 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
86212	HEV IgM Ab Screen, S	Alphanumeric		14212-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No



**CPT Code Information:**

86790

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HEVML	HEV IgM Ab Confirmation, S			No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HEVML	61903	HEV IgM Ab Confirmation, S	Alphanumeric		14212-5

**Reference Values:**

Negative