

Reporting Title: HCV Ab Cadaver/Hemolyzed Screen, S**Performing Location:** Rochester**Ordering Guidance:**

For testing hemolyzed specimens from symptomatic patients with or without risk factors for hepatitis C virus (HCV) infection, order HCCDD / Hepatitis C Virus Antibody, Cadaveric or Hemolyzed Specimens, Symptomatic, Serum.

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: 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:

0.2 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	Frozen (preferred)	28 days	
	Ambient	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
87858	HCV Ab Cadaver/Hemolyzed Screen, S	Alphanumeric		13955-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86803

G0472 (if appropriate for government payers)

86804 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HCVL	HCV Ab Confirmation, S			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HCVL	63063	HCV Ab Confirmation, S	Alphanumeric		40726-2

Reference Values:

Negative