

---

**Reporting Title:** HBs Antigen, S**Performing Location:** Rochester**Ordering Guidance:**

This test should not be used to test or screen for chronic hepatitis B in pregnant women. For testing such patients, order HBAGP / Hepatitis B Virus Surface Antigen Prenatal, Serum.

This test should not be used to screen or test asymptomatic, nonpregnant individuals with or without risk factors for hepatitis B virus (HBV) infection. For testing such patients, order HBGSN / Hepatitis B Virus Surface Antigen Screen, Serum.

This test is not intended for testing cadaver or grossly hemolyzed specimens. For testing such patients, order HBGCD / Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum, which is US Food and Drug Administration-approved for testing on these sources.

**Additional Testing Requirements:**

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

**Necessary Information:**

1. Date of collection is required.
2. Indicate if specimens are from autopsy/cadaver or hemolyzed sources so that the proper US Food and Drug Administration-approved assay can be performed.

**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.9 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 a plastic vial.

**Specimen Minimum Volume:**

0.7 mL

**Forms:**

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

specimen.

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
H_BAG	HBs Antigen, 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
HBGNT	HBs Antigen Confirmation, S			No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3

---

**Reference Values:**

Negative

See Viral Hepatitis Serologic Profiles