

**Reporting Title:** Hepatitis A IgG Ab, S**Performing Location:** Rochester**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:** 1 mL**Collection Instructions:**

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

**Forms:**

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

[-General Request \(T239\)](#)[-Gastroenterology and Hepatology Client Test Request \(T728\)](#)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	8 days	
	Ambient	4 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
HAIGG	Hepatitis A IgG Ab, S	Alphanumeric		40724-7

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86708

**Reference Values:**

Unvaccinated: negative

Vaccinated: positive

See [Viral Hepatitis Serologic Profiles](#) in Special Instructions.