

Reporting Title: HIV-1/-2 Ag and Ab Prenatal Scrn, P**Performing Location:** Rochester**Ordering Guidance:**

If specimen is from either autopsy or cadaver blood sources, the proper FDA-licensed assay is HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.

New York State clients: This test should not be requested for maternal/newborn HIV screening on specimens originating in New York State, due to state regulatory requirements for expedited result reporting.

Specimen Requirements:**Collection Container/Tube:** Lavender top (EDTA)**Submission Container/Tube:** Plastic vial**Specimen Volume:** 4 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. Transfer plasma into a plastic vial.

Forms:

Specimen Type	Temperature	Time	Special Container
Plasma	Refrigerated (preferred)	6 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
HIVC5	HIV-1/-2 Ag and Ab Prenatal Scrn, P	Alphanumeric		56888-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87389

G0475

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HVDSP	HIV Ab Differentiation Prenatal, P	1	86701	No	Yes
HIQNP	HIV-1 RNA Detect/Quant Prenatal, P	1	87536	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
HIQNP	65567	HIV-1 RNA Detect/Quant Prenatal, P	Alphanumeric	copies/mL	70241-5
HVDSP	91952	HIV-1 Ab Differentiation Prenatal, P	Alphanumeric		68961-2
HVDSP	91953	HIV-2 Ab Differentiation Prenatal, P	Alphanumeric		81641-3

Reference Values:

Negative