

Reporting Title: HIV Ab Confirm / Differentiation, P

Performing Location Rochester

Ordering Guidance:

Screening, supplemental, or confirmatory serologic tests for HIV-1 or HIV-2 antibodies cannot distinguish between active neonatal HIV infection and passive transfer of maternal HIV antibodies in infants during the postnatal period (up to 2 years). Diagnosis of HIV infection in newborns and infants up to 2 years should be made by virologic tests, such as detection of HIVQN / HIV-1 RNA Detection and Quantification, Plasma.

This test is **not** suitable for follow-up testing of patients with reactive results from any rapid HIV tests, regardless of specimen type tested, with the exception of patients who were reactive by the Determine HIV-1/-2 Ag/Ab Combo rapid point-of-care test on serum or plasma (but not whole blood). Per the latest CDC recommended HIV testing algorithm, the patients with reactive results from any rapid HIV tests should be tested subsequently with laboratory-based HIV antigen and antibody combination immunoassays, such as HIVDX / HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Plasma.

If specimens are 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.

Necessary Information:

Date of collection is required.

Specimen Requirements:

Supplies: Aliquot Tube, 5 mL (T465)

Collection Container/Tube: Lavender top (EDTA)

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 plasma into plastic vial.

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

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC |
|-----------|-----------------------------|--------------|------|---------|
| 91947 | HIV-1 Ab Differentiation, P | Alphanumeric | | 68961-2 |
| 91951 | HIV-2 Ab Differentiation, P | Alphanumeric | | 81641-3 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86701

86702

Reflex Tests:

| Test Id | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|---------------------------|-----------|----------|------------------|----------------------|
| HIVQN | HIV-1 RNA Detect/Quant, P | 1 | 87536 | No | Yes |

Result Codes for Reflex Tests:

| Test ID | Result ID | Reporting Name | Type | Unit | LOINC |
|---------|-----------|---------------------------|--------------|-----------|---------|
| HIVQN | 113581 | HIV-1 RNA Detect/Quant, P | Alphanumeric | copies/mL | 70241-5 |

Reference Values:

Negative