

**Reporting Title:** HIV-2 Ab Confirmation, S**Performing Location** Rochester**Ordering Guidance:**

This confirmatory assay should be ordered only on specimens that are repeatedly reactive by HIV-2 antibody screening immunoassay.

Screening, supplemental, or confirmatory serologic tests for HIV-2 antibodies cannot distinguish between active HIV-2 infection and passive transfer of maternal HIV-2 antibodies in infants during the postnatal period (up to 2 years). Diagnosis of HIV-2 infection in newborns and infants of less than 2 years old should be made by consistently positive nucleic acid test results, such as the presence of HIV-2 DNA/RNA (FHV2Q / HIV-2 DNA/RNA Qualitative Real-Time PCR).

**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:****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 and aliquot within 2 hours of collection for BD Vacutainer tubes).
2. Aliquot serum into plastic vial.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Refrigerated	14 days	
	Ambient	48 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
61785	HIV-2 Ab Confirmation, S	Alphanumeric		81641-3

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86689

**Reference Values:**

Negative