Test Definition: HEVML

HEV IgM Ab Confirmation, S

Reporting Title: HEV IgM Ab Confirmation, S
Performing Location Rochester

Necessary Information:

Date of collection is required.

Specimen Requirements:

Collection Container/Tube: Serum gel
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.

Forms:

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

Specimen Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)	0 hours	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
61903	HEV IgM Ab Confirmation, S	Alphanumeric		14212-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86790

Reference Values:

Negative