

**Reporting Title:** Hepatitis B Perinatal Exposure, 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:** 1.5 mL

**Collection Instructions:**

1. Centrifuge blood collection tube per collection tube manufacturer's instructions.
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)	28 days	
	Refrigerated	7 days	
	Ambient	24 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
HBC	HBc Total Ab, S	Alphanumeric		13952-7
HB_AB	HBs Antibody, S	Alphanumeric		10900-9
HBSQN	HBs Antibody, Quantitative, S	Alphanumeric	mIU/mL	5193-8
H_BAG	HBs Antigen, S	Alphanumeric		5196-1

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**Components:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HBAG	HBs Antigen, S	1	87340	Yes	Yes
HBC	HBc Total Ab, S	1	86704	Yes	Yes
HBAB	HBs Antibody, S	1	86706	Yes	Yes

**CPT Code Information:**

86706

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86704  
87340  
87341 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HBGNT	HBs Antigen Confirmation, S	1	87341	No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3

**Reference Values:**

Negative

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