

**Reporting Title:** HbC Total Ab, S

**Performing Location:** Rochester

**Ordering Guidance:**

This test **should not be used** to screen or test **pregnant** individuals who may or may not have risk factors for hepatitis B virus (HBV) infection. For testing such patients, order HBCPR / Hepatitis B Core Total Antibodies Prenatal, Serum.

This test **should not be used** to screen or test **asymptomatic, non-pregnant** individuals with or without risk factors for HBV. For testing such patients, order HBCSN / Hepatitis B Total Antibodies Screen, Serum.

If a hepatitis B core total antibody test that reflexes to hepatitis B core IgM is needed, order test CORAB / Hepatitis B Core Total Antibodies, with Reflex to Hepatitis B Core Antibody IgM, Serum.

**Necessary Information:**

**Date of collection is required.**

**Specimen Requirements:**

**Collection Container/Tube:** Serum gel

**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. Transfer serum into plastic vial.

**Forms:**

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[-General Request \(T239\)](#)

[-Gastroenterology and Hepatology Client Test Request \(T728\)](#)

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

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86704

**Reference Values:**

Negative

Interpretation depends on clinical setting.

See [Viral Hepatitis Serologic Profiles](#)