

Reporting Title: HBsAg Cadaver/Hemolyzed, S**Performing Location** Rochester**Additional Testing Requirements:**

Testing for acute hepatitis B virus (HBV) infection should also include HBIM / Hepatitis B Core Antibody, IgM, Serum as during the acute HBV infection "window period," HB surface (HBs) antigen and HBs antibody may not be detected.

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:** 2 mL**Collection instructions:**

1. Centrifuge blood collection tube per collection tube manufacturer's instructions (eg, centrifuge 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	Frozen (preferred)	30 days	
	Ambient	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
83626	HBsAg Cadaver/Hemolyzed, S	Alphanumeric		5196-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87340

87341 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
BNTCD	HBsAg Confirm Cadav/Hemol, S	1	87341	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
BNTCD	83627	HBsAg Confirm Cadav/Hemol, S	Alphanumeric		5196-1

Reference Values:

Negative