

Reporting Title: HSV Types 1 and 2 Ab, IgG, S**Performing Location** Rochester**Specimen Requirements:****Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 0.6 mL**Forms:**

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

[-General Request](#) (T239)[-Microbiology Test Request](#) (T244)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
HS1G	HSV Type 1 Ab, IgG, S	Alphanumeric		51916-5
HS2G	HSV Type 2 Ab, IgG, S	Alphanumeric		43180-9

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
HS1G	HSV Type 1 Ab, IgG, S	1	86695	Yes	No
HS2G	HSV Type 2 Ab, IgG, S	1	86696	Yes	No

CPT Code Information:

86695-Herpes simplex, type 1

86696-Herpes simplex, type 2

Reference Values:

Negative (reported as positive, negative, or equivocal)