

**Reporting Title:** HBs Antigen Prenatal, S

**Performing Location** Rochester

**Ordering Guidance:**

This test should **not** be used to test **symptomatic** individuals who may or may not have risk factors for hepatitis B virus (HBV) infection. For testing such individuals, order HBAG / Hepatitis B Surface Antigen, Serum.

This test should **not** be used to screen or test **asymptomatic, nonpregnant** individuals with or without risk factors for HBV infection. For testing such patients, order HBGSN / Hepatitis B Surface Antigen Screen, Serum.

This test is **not intended** for testing cadaver or grossly hemolyzed specimens. For testing such patients, order HBGCD / Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum, which is FDA-approved for testing on these sources.

**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," hepatitis B surface (HBs) antigen and HBs antibody may not be detected.

**Necessary Information:**

1. **Date of collection is required.**
2. Indicate if specimens are from autopsy/cadaver or hemolyzed sources so that the proper FDA-licensed assay can be performed.

**Specimen Requirements:**

**Collection Container/Tube:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 2 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)	28 days	
	Refrigerated	7 days	
	Ambient	24 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
HBSAP	HBs Antigen Prenatal, 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
HBNTP	HBs Ag Confirmation Prenatal, S	1	87341	No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
HBNTP	HBNTP	HBs Ag Confirmation Prenatal, S	Alphanumeric		7905-3

**Reference Values:**

Negative

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