

Reporting Title: HBs Antigen, S

Performing Location Rochester

Ordering Guidance:

This test **should not be used** to test or screen for chronic hepatitis B in pregnant women. For testing such patients, order HBAGP / Hepatitis B Surface Antigen Prenatal, Serum.

This test **should not be used** to screen or test asymptomatic, nonpregnant individuals with or without risk factors for hepatitis B virus (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 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 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
H_BAG	HBs Antigen, 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
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.