
Reporting Title: HDV Total Ab, S**Performing Location** Rochester**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:** 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. 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	
	Refrigerated	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
9209	HDV Total Ab, S	Alphanumeric		40727-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86692

Reference Values:

Negative