
Reporting Title: HBs Antigen Scrn, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Ordering Guidance:**

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

This test should **not be used** to test or screen for chronic hepatitis B in pregnant individuals. For testing such patients, order HBAGP / Hepatitis B Virus Surface Antigen Prenatal, 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 US Food and Drug Administration approved for testing on these sources.

Additional Testing Requirements:

Testing for acute hepatitis B virus infection (HBV) should also include HBIM / Hepatitis B Virus IgM Core Antibody, Serum, as during the acute HBV infection "window period," hepatitis B virus 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 US Food and Drug Administration licensed assay can be performed.

Specimen Requirements:**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Collection Container/Tube:** Serum gel (red-top tubes are **not acceptable**)**Submission Container/Tube:** Plastic vial**Specimen Volume:** 0.9 mL Serum**Collection Instructions:**

1. Centrifuge blood collection tube per manufacturer's instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).
2. Aliquot serum into a plastic vial.

Forms:

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

[-Kidney Transplant Test Request](#)

[-Gastroenterology and Hepatology Test Request](#) (T728)

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------|----------|-------------------|
| Serum SST | Frozen (preferred) | 90 days | |
| | Ambient | 72 hours | |
| | Refrigerated | 6 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|---------------------|--------------|------|--------|
| HBAGS | HBs Antigen Scrn, S | Alphanumeric | | 5196-1 |

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87340

G0499 (if appropriate)

87341 (if appropriate)

Reflex Tests:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|------------------------------------|-----------|----------|------------------|----------------------|
| HBGSC | HBs Antigen Screen Confirmation, S | 1 | 87341 | No | No |

Result Codes for Reflex Tests:

| Test ID | Result ID | Reporting Name | Type | Unit | LOINC® |
|---------|-----------|------------------------------------|--------------|------|--------|
| HBGSC | HBGSC | HBs Antigen Screen Confirmation, S | Alphanumeric | | 7905-3 |

Reference Values:

Negative

See [Viral Hepatitis Serologic Profiles](#)