

Reporting Title: HCV Ab Confirmation, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Ordering Guidance:**

[This test does not differentiate between past \(resolved\) and chronic hepatitis C. To distinguish between past \(resolved\) and chronic hepatitis C, order HCVQN / Hepatitis C Virus \(HCV\) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR, Serum.](#)

For screening of asymptomatic individuals for HCV, order HCSRN / Hepatitis C Virus (HCV) Antibody Screen with Reflex to HCV RNA, PCR, Asymptomatic, Serum.

For detection of HCV in symptomatic at-risk individuals, order HCVDX / Hepatitis C Virus (HCV) Antibody with Reflex to HCV RNA, PCR, Symptomatic, Serum.

Necessary Information:

[Date of collection is required.](#)

Specimen Requirements:**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 0.4 mL Serum**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 1 of the following:

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

[-Infectious Disease Serology Test Request](#) (T916)

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
63063	HCV Ab Confirmation, S	Alphanumeric		40726-2

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

Supplemental Report:

No

CPT Code Information:

86804

Reference Values:

Negative