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**Reporting Title:** HIV-1/-2 Cadaver/Hemolyzed, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Ordering Guidance:**

1. This test is **not intended for** testing **asymptomatic** individuals (ie, screening purposes). For testing hemolyzed specimens from such patients with or without risk factors for HIV infection, order HV1CM / HIV-1 and HIV-2 Antibody Screen for Hemolyzed Specimens, Serum.

2. **New York State clients:** This test **should not be requested** for maternal/newborn HIV screening on specimens originating in New York State, due to state regulatory requirements for expedited result reporting.

**Additional Testing Requirements:**

If the initial enzyme immunoassay result is negative and this test was ordered as a follow-up evaluation of a specimen with a reactive rapid HIV antibody test result, clients must call 800-533-1710 or 507-266-5700 to request supplemental testing HIV antibody confirmation/differentiation by immunochromatography (HIVDI). The HIVDI / HIV-1 and HIV-2 Antibody Confirmation and Differentiation, Serum test is not US Food and Drug Administration approved for testing cadaveric specimens. If performed, test results will be reported with a disclaimer.

**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:** 1.5 mL**Collection Instructions:**

1. Centrifuge blood collection tube per collection tube manufacturer's instructions (eg, centrifuge 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 [Infectious Disease Serology Test Request](#) (T916) with the specimen.

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
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# Test Definition: HV1CD

HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum

83628	HIV-1/-2 Cadaver/Hemolyzed, S	Alphanumeric		31201-7
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LOINC® and CPT codes are provided by the performing laboratory.

### Supplemental Report:

No

### CPT Code Information:

86703

86701

86702

### Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HIVDI	HIV Ab Confirm / Differentiation, S	1	86701	No	No
HIS12	HIV-1/HIV-2 RNA Detect, S	1	87535	No	Yes

### Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIVDI	36112	HIV-1 Ab Differentiation, S	Alphanumeric		68961-2
HIVDI	36113	HIV-2 Ab Differentiation, S	Alphanumeric		81641-3

### Reference Values:

Negative