Overview

Useful For
Virologic detection of HIV-1 infection in infants younger than 2 years of age (an age group for which serologic tests are unreliable) born to HIV-1-infected mothers

Early detection of acute HIV-1 infection in children and adults who may be receiving combination antiretroviral prophylaxis or preemptive treatment

Determining eradication of HIV-1 in individuals receiving combination highly active antiretroviral therapies

Testing Algorithm
The following algorithms are available in Special Instructions:

- HIV Testing Algorithm (Fourth-Generation Screening Assay), Including Follow-up of Reactive Rapid Serologic Test Results
- HIV Prenatal Testing Algorithm, Including Follow-up of Reactive Rapid Serologic Test Results

Special Instructions

Method Name
Real-Time Polymerase Chain Reaction (PCR)

NY State Available
No

Specimen

Specimen Type
Plasma EDTA

Advisory Information
This assay should not be used as a screening test or primary diagnostic test for HIV-1 infection, except in infants younger than 2 years of age born to HIV-1-infected mothers. For other age groups, order HVCOP / HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Plasma as the screening test.

Shipping Instructions
1. Ship plasma on ice packs if arrival at Mayo Clinic Laboratories is expected within 5 days of plasma separation.

2. If shipment will be delayed for more than 5 days, freeze plasma specimen -20 to -80 degrees CÄ until shipment on dry ice.

Specimen Required
Supplies: Aliquot Tube, 5 mL (T465)
Collection Container/Tube: Lavender top (EDTA)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge blood collection tube and aliquot plasma into plastic vial per collection tube manufacturer’s instructions (e.g., centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).

Additional Information: This test can be used for detection and diagnosis of HIV-1 infections, including in children younger than 2 years of age when serologic tests are not useful (due to presence of maternal HIV antibodies).

Specimen Minimum Volume
0.5 mL

Reject Due To

<table>
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<th>Gross hemolysis</th>
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<tbody>
<tr>
<td>Gross lipemia</td>
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Specimen Stability Information

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<th>Specimen Type</th>
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<tr>
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Clinical and Interpretive

Clinical Information

Human immunodeficiency virus (HIV)-1 infection is usually confirmed by detection of HIV-1-specific antibodies in serum. However, serologic testing may not reliably identify HIV-1 infection in neonates with passively acquired maternal HIV-1 antibodies or with incompletely developed immune systems, individuals with early HIV-1 infection (<30 days from infection), or individuals with "indeterminate" HIV-1 antibody results by supplemental serologic assays. In these situations, detection of HIV-1 nucleic acids (RNA or proviral DNA) by PCR can provide definitive, early evidence of HIV-1 infection (approximately 10 to 14 days after infection), when results of routine diagnostic assays may be inconclusive.

Upon entry into human cells (including peripheral blood mononuclear cells), the HIV-1 RNA is converted into complementary DNA (cDNA) by reverse transcription. These linear cDNA strands are then integrated into the host cell genome, thus representing the proviral form of HIV-1. mRNA, transcribed from the proviral DNA, is used to synthesize the proteins required to make new viral particles. These proteins and viral RNA are packaged in the host's cytoplasm and released from the cell, completing the life cycle of the virus.

For infants born to HIV-1-infected mothers, HIV-1 DNA or RNA tests are recommended at 0 to 2 days, 14 days, 1 to 2 months, and 4 to 6 months after birth. Two consecutive positive HIV-1 virologic test results (HIV-1 DNA and/or RNA) are necessary for confirming the diagnosis of HIV-1 infection in infants younger than 2 years of age.

Reference Values
**Test Definition: HIVP**

HIV-1 DNA / RNA Qualitative, P

**Undetected**

**Interpretation**

A "Detected" result is consistent with HIV infection (see Cautions). Per CDC and US Public Health Services recommendations, a second specimen should be collected from any patient with first-time detectable HIV-1 DNA or RNA result and tested to verify the diagnosis of HIV-1 infection.

An "Undetected" result indicates that neither HIV-1 DNA nor RNA is detected in the specimen (see Cautions). Repeat testing is recommended at 0 to 2 days, 14 days, 1 to 2 months, and 4 to 6 months after birth in infants born to HIV-1 infected mothers. For at-risk individuals older than 2 years of age, repeat testing in 1 to 2 months is recommended. The lower limits of detection (based on 95% detection rate) of this assay in plasma are 311 copies/mL for HIV-1 DNA and 75 copies/mL for HIV-1 RNA.

An "Inconclusive" result indicates that the absence or presence of HIV-1 DNA or RNA could not be determined with certainty after repeat testing of the clinical specimens in the laboratory, possibly due to PCR inhibition. Submission of a new specimen for testing is recommended.

**Cautions**

This assay is optimized for the detection of HIV-1 groups M (subtypes A to H), N and O, but it may not detect all HIV-1 group N or O strains.

Diagnosis of HIV-1 infection should not rely solely upon a "Detected" result for HIV-1 DNA and/or RNA. Such a result should be considered in conjunction with patient's clinical presentation, physical findings, and other diagnostic laboratory tests prior to establishing the diagnosis. An "Undetected" result indicates only the absence of HIV-1 DNA and RNA in the specimen tested and does not exclude the diagnosis of HIV-1 infection. "Undetected" results should be interpreted with caution, considering the patient's risk factors for HIV-1 infection, the analytical sensitivity of the assay, and the group of the infecting HIV-1 strain. Follow-up testing is recommended for high-risk patients with initially "Undetected" test results. Individuals on prophylactic or therapeutic antiretroviral therapy may have "Undetected" results.

"Undetected" results together with repeatedly positive HIV-1 antibody supplemental test results may be observed in HIV-2-infected individuals. For such patients with risk factors for HIV-2 infection, specific testing for HIV-2 antibodies (serologic) and HIV-2 DNA and/or RNA is recommended.

**Clinical Reference**


Method Description

The Abbott mSample Preparation System kit is used with the automated Abbott m2000sp sample preparation system to extract and purify viral nucleic acids from human plasma specimens, based on magnetic particle technology. An internal control (IC) is incorporated in the nucleic acid extraction and purification procedure for processing the assay controls and clinical specimens. After capture of nucleic acids on magnetic microparticles, the microparticles are washed to remove unbound sample components. Then, the bound nucleic acids are eluted from the microparticles and the eluates are transferred to a 96-well microtiter plate containing PCR master mix reagents for amplification and detection.

During the amplification reaction on the Abbott m2000rt system, target DNA is amplified by the DNA polymerase activity of the thermostable rTh DNA polymerase. The target RNA present is first converted to cDNA by the reverse transcriptase activity of the enzyme and subsequently amplified. Amplification of HIV-1 and IC targets takes place simultaneously in the same reaction. The target sequence for this assay is in the pol integrase region of the HIV-1 genome and it is highly conserved. The IC sequence is derived from the hydroxypyruvate reductase gene of the pumpkin plant, Cucurbita pepo, and is delivered in an Armored RNA particle that has been diluted in negative human plasma.

During the read cycles of amplification on the Abbott m2000rt, the temperature is lowered to allow fluorescent detection of amplification products as the HIV-1 and IC probes anneal to their respective targets (real-time fluorescent detection). The HIV-1 probe has a fluorescent moiety that is covalently linked to the 5’ end. A short quencher oligonucleotide is complementary to the 5’ end of the HIV-1 probe and has a quencher moiety at its 3’ end. In the absence of HIV-1 target, the HIV-1 probe fluorescence is quenched through hybridization to the quencher oligonucleotide. In the presence of the HIV-1 target sequence, the HIV-1 probe preferentially hybridizes to the target sequence, dissociating from the quencher oligonucleotide, allowing fluorescent detection. The IC probe is a single stranded DNA oligonucleotide with a fluorophore at the 5’ end and a quencher at the 3’ end. In the absence of IC sequences, the IC probe adopts a series of random conformations, some of which bring the quencher close enough to the excited fluorophore to absorb its energy before it can be fluorescently emitted. When the IC probe binds to its complementary sequence in the target, the fluorophore and the quencher are held apart, allowing fluorescent emission and detection by the Abbott m2000rt. The HIV-1 and IC specific probes are each labeled with a different fluorophore, thus allowing for simultaneous detection of both amplified products. (Package insert: Abbott RealTime HIV-1 Qual; Abbott Molecular, Inc., Des Plaines, IL. 10/2014)

PDF Report

No

Day(s) and Time(s) Test Performed

Varies (once per week minimum)

Analytic Time

3 days

Maximum Laboratory Time

10 days

Specimen Retention Time

2 months
Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information
87535

LOINC® Information

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