TEST CHANGE

Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental, with Reflex to HIV-1 Quantitative NAAT, Plasma

2012669, HIV AB DIF

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST), lavender~~Lavender~~ (EDTA), or pink (K2EDTA).
Specimen Preparation:	Separate from cells within 24 hours of collection. Transfer 3 mL serum or plasma into an ARUP standard transport tube dedicated only for the HIV AB DIF assay~~testing~~. (Min: 1.5 mL) Remove particulate material.
Transport Temperature:	Frozen.
Unacceptable Conditions:	~~Serum.~~ Heparinized or citrated plasma specimens. ~~Specimens submitted in plasma preparation tube.~~ Specimens containing particulate material. Severely hemolyzed or heat-inactivated specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 24 hours (CRITICAL: SHIP FROZEN); Refrigerated: 5 days~~72 hours~~; Frozen: 6 weeks~~3 months~~ (avoid repeated freeze/thaw cycles)
Methodology:	Qualitative Polymerase Chain Reaction (PCR)/Qualitative Immunoassay~~/Quantitative Transcription-Mediated Amplification (TMA)~~
Performed:	Varies
Reported:	1-2 days
Note:	For use only when patient has a repeatedly reactive third- or fourth-generation HIV screen test result. This test discriminates between HIV-1 and HIV-2 antibodies. Results for each type are reported. This test is for use as the antibody differentiation test in the specific multitest algorithm. It is not to be ordered as a rapid screen test and cannot be used as a supplemental test if the initial screen test was a rapid test. If the HIV-1/ 2 antibody differentiation immunoassay is Negative or Indeterminate, then the Human Immunodeficiency Virus 1 and 2 (HIV-1/HIV-2) by Qual~~nt~~itative NAAT, ~~Plasma,~~ will be added. Additional charges apply. Refer to Human

	Immunodeficiency Virus 1 and 2 (HIV-1/HIV-2) by Qualntitative NAAT, Plasma (ARUP test code 3017779~~3000867~~) for additional information regarding Performed or Reported times, Interpretive Data, and Notes for the reflex test. The multitest algorithm is recommended by the Centers for Disease Control and Prevention (CDC) and the Clinical Laboratory Standards Institute (CLSI) for the diagnosis of HIV (refer to http://arupconsult.com/content/human-immunodeficiency-virus).
CPT Codes:	86701; 86702; if reflexed, add 8753~~6~~5
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

This test should not be used for blood donor screening, associated reentry protocols, or for screening human cells, tissues, and cellular- and tissue-based products (HCT/P).

Reference Interval:

Effective November 12, 2018

Test Number	Components	Reference Interval
	HIV-1 Antibody	Negative
	HIV-2 Antibody	Negative
3000867	Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, Plasma	Not detected

HOTLINE NOTE: There is a reflexive pattern change associated with this test. One or more orderable or component has been added or removed to the reflexive pattern. Refer to the Hotline Test Mix for interface build information.