

## **TEST CHANGE**

Human Immunodeficiency Virus (HIV) Combo Antigen/Antibody (HIV-1/0/2) by CIA with Reflex to HIV-1/HIV-2 Antibody Differentiation, Supplemental

| 2013333, HIVAGABGE       |  |  |  |
|--------------------------|--|--|--|
| Specimen Requirements:   |  |  |  |
| Patient Preparation:     | N/A  |  |  |
| Collect:                 | Serum separator tube (SST). Also acceptable: Lavender (EDTA)<br>or pink (K2EDTA).  |  |  |
| Specimen Preparation:    | Separate from cells ASAP or within 2 hours of collection.<br>Transfer 1.5 mL serum <u>or plasma</u> into an ARUP standard<br>transport tube. (Min: 0.75 mL) Remove particulate material.   |  |  |
| Transport Temperature:   | FrozenRefrigerated.  |  |  |
| Unacceptable Conditions: | Specimens containing particulate material. Severely hemolyzed or heat-inactivated specimens.   |  |  |
| Remarks:                 |  |  |  |
| Stability:               | After separation from cells: Ambient: 24 hours; Refrigerated: 7 days; Frozen: 8 months (avoid repeated freeze/thaw cycles)   |  |  |
| Methodology:             | Qualitative Chemiluminescent Immunoassay (CLIA)/Qualitative<br>Immunoassay   |  |  |
| Performed:               | Sun-Sat  |  |  |
| Reported:                | 1-2 days   |  |  |
| Note:                    | The fourth-generation screen test is for the simultaneous qualitative detection of human immunodeficiency virus type 1 (HIV-1) p24 antigen and antibodies to HIV type 1 (HIV-1 groups M and O) and HIV type 2 (HIV-2). Results of the screen cannot be used to distinguish between the presence of HIV-1 p24 antigen, HIV-1 antibody, or HIV-2 antibody. The reflexed HIV-1/HIV-2 antibody differentiation test discriminates between HIV-1 and HIV-2 antibodies. Results for each type are reported. If the HIV-1,2 combo antigen/antibody screen is repeatedly reactive, then the HIV-1/HIV-2 antibody differentiation test will be performed. Additional charges apply. A recommendation to order further testing on a separate specimen for HIV-1/HIV-2 nucleic acid will be made for certain results. This multitest algorithm is recommended by the Centers for Disease Control and Prevention (CDC) and was adopted by the Clinical |  |  |



Laboratory Standards Institute (CLSI) for the diagnosis of HIV.

| CPT Codes:                    | 87389; if reflexed, add 86701; 86702 |  |
|-------------------------------|--------------------------------------|--|
| 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 cell, tissues, and cellular- and tissue-based products (HCT/P).

Reference Interval:

| Test<br>Number |                                | Reference Interval |
|----------------|--------------------------------|--------------------|
|                | HIV 1,2 Combo Antigen/Antibody | Negative           |