

HOTLINE: Effective February 16, 2021

New Test **3002989** **Hepatitis Panel, Acute with Reflex to HBsAg Confirmation and Reflex to HCV by Quantitative NAAT** **HEPACUTEQR**

Methodology: Qualitative Chemiluminescent Immunoassay/Quantitative Transcription Mediated Amplification
Performed: Sun-Sat
Reported: 1-2 days
 If reflexed, add 1-3 days

Specimen Required: Collect: Serum separator tube (SST) or Pink (K2EDTA).
Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 2.0 mL) Also acceptable: K₂EDTA plasma.
Storage/Transport Temperature: Frozen.
Unacceptable Conditions: Heparinized plasma. Specimens containing particulate material. Heat-inactivated, severely hemolyzed, or lipemic specimens.
 Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 2 months (avoid freeze/thaw cycles)

Reference Interval:

Test Number	Components	Reference Interval																						
0020093	Hepatitis A Virus Antibody, IgM	Negative																						
0020092	Hepatitis B Virus Core Antibody, IgM	Negative																						
0020089	Hepatitis B Virus Surface Antigen with Reflex to Confirmation	<table border="1"> <thead> <tr> <th>Test Number</th> <th>Components</th> <th>Reference Interval</th> </tr> </thead> <tbody> <tr> <td></td> <td>Hepatitis B Virus Surface Antigen</td> <td>Negative</td> </tr> <tr> <td>0020128</td> <td>Hepatitis B Virus Surface Antigen, Confirmation</td> <td>Refer to report</td> </tr> </tbody> </table>	Test Number	Components	Reference Interval		Hepatitis B Virus Surface Antigen	Negative	0020128	Hepatitis B Virus Surface Antigen, Confirmation	Refer to report													
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Interpretive Data:

This panel of tests 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).

Note: Order this panel when the patient has had clinical acute hepatitis of unknown origin for less than six months. If results for HBsAg are repeatedly reactive with an index value between 1.00 and 50.00, then HBsAg Confirmation will be added. Additional charges apply. If the anti-HCV screening result is low positive or high positive, the Hepatitis C Virus by Quantitative NAAT will be added. Additional charges apply.

CPT Code(s): 80074; if reflexed, add 87341, and 87522

New York DOH Approved.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.