TEST CHANGE

Hepatitis B Virus Surface Antigen With Reflex to Confirmation and Reflex to Hepatitis Delta Virus Antibody by ELISA With Reflex to Hepatitis Delta Virus by Quantitative PCR

3018776, HBSAGRDABQ

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
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 mL). This test requires a dedicated transport tube submitted only for HBSAGRDABQ testing. Separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen
Unacceptable Conditions:	Specimens containing particulate material or obvious microbial contamination. Heat-inactivated, severely hemolyzed, or lipemic specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 30 days~~4 months~~ (avoid repeated freeze/thaw cycles)
Methodology:	Qualitative Chemiluminescent Immunoassay (CLIA) / Qualitative Enzyme Immunoassay (EIA)
Note:	Performed and Reported times indicated are for screening of the HBsAg. If results for HBsAg screen are repeatedly reactive with an index value between 1.00 and 50.00, then HBsAg Confirmation will be added. If positive for hepatitis B surface antigen, Hepatitis Delta Virus Antibody by ELISA With Reflex to Hepatitis Delta Virus by Quantitative PCR (ARUP test code 3006379) will be added. If the anti-HDV screening result is positive, Hepatitis Delta Virus by Quantitative PCR (ARUP test code 2013881) will be added. Performed and Reported times are for the antibody screening portion of this test. Refer to Hepatitis Delta Virus by Quantitative PCR regarding additional information regarding Performed and Reported times for the reflex portion of the test. Additional charges apply each time a reflexive test is indicated and added.
CPT Codes:	87340; if reflexed, add 87341; 86692; 87523
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

This panel of assays 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:

Test Number	Components	Reference Interval
	Hepatitis B Surface Antigen	Negative