NEW TEST – Available Now

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Viral Hepatitis Prenatal Panel

3019856, VPRENATHEP

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST). Also acceptable: Lavender (EDTA) or pink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP standard transport tube (Min: 3.0 mL). This test requires a dedicated transport tube submitted only for VPRENATHEP testing.
Transport Temperature:	Frozen
Unacceptable Conditions:	Specimen: Body fluids other than serum or plasma. Condition: Heparinized plasma. 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: 6 days; Frozen: 2 months (avoid freeze/thaw cycles).
Methodology:	Qualitative Chemiluminescent Immunoassay (CLIA) / Quantitative Polymerase Chain Reaction (PCR)
Performed:	Sun-Sat
Reported:	1-4 days
Note:	Order this test only for prenatal specimens. If results for HBsAg screen are reactive (=1.0), then HBsAg Confirmation, Prenatal will be added. Additional charges apply. If the anti-HCV screening result is low positive or high positive, the Hepatitis C Virus (HCV) by Quantitative NAAT will be added. Additional charges apply. For HBsAb, results greater than 1,000.00 IU/L are reported as greater than 1,000.00 IU/L. The HBcAb assay tests for IgG and IgM antibodies, but does not differentiate between them. This test requires a dedicated transport tube submitted only for VPRENATHEP testing.
CPT Codes:	87340; 86803; 86706; 86704; if reflexed, add 87341; 87522

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).

Components	Reference Interval
Hepatitis C Antibody by CIA Index	0.79 IV or less: Negative 0.80 to 0.99 IV: Equivocal 1.00 to 10.99 IV: Low Positive 11.00 IV or greater: High Positive
Hepatitis B Surface Antibody	Less than 10.00 IU/L: Negative Greater than or equal to 10.00 IU/L: Positive

Reference Interval:

Test Number	Components	Reference Interval
	Hepatitis B Surface Antigen, Prenatal	Negative
	Hepatitis B Surface Antigen, Prenatal	
	Hepatitis B Surface Antigen, Prenatal	
	Hepatitis C Antibody by CIA Interp	Negative
	Hepatitis B Core Antibodies, Total	Negative
	Hepatitis B Surface Antibody	Negative
	Hepatitis B Surface Antibody	
		Components: Interpretation Less than 10.00 IU/L: Negative Greater than or equal to 10.00 IU/L: Positive

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