MAYO CLINIC LABORATORIES

Test Definition: CRHEP

Chronic Viral Hepatitis (Unknown Type), Serum

Reporting Title: Chronic Viral Hepatitis Profile, S
Performing Location: Rochester

Necessary Information:

Date of collection is required.

Specimen Requirements:

Patient Preparation: For 24 hours before specimen collection, patient **should not** take multivitamins or dietary supplements (eg, hair, skin, and nail supplements) containing biotin (vitamin B7).
Supplies: Sarstedt Aliquot Tube 5 mL (T914)
Collection Container/Tube: Serum gel (red-top tubes are **not acceptable**)
Submission Container/Tube: Plastic vial
Specimen Volume: 2.5 mL
Collection Instructions:
1. Centrifuge blood collection tube per manufacturer's instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).
2. Aliquot serum into plastic vial.

Forms:

If not ordering electronically, complete, print, and send 1 of the following:
-Gastroenterology and Hepatology Test Request (T728)
-Infectious Disease Serology Test Request (T916)

Specimen Type	Temperature	Time	Special Container
Serum SST	Refrigerated	6 days	
	Frozen (preferred)	84 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HBC	HBc Total Ab, S	Alphanumeric		13952-7
HB_AB	HBs Antibody, S	Alphanumeric		10900-9
HBSQN	HBs Antibody, Quantitative, S	Alphanumeric	mIU/mL	5193-8
H_BAG	HBs Antigen, S	Alphanumeric		5196-1
HCVA4	HCV Ab, S	Alphanumeric		40726-2

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately

HBC	HBc Total Ab, S	1	86704	Yes	Yes
HBAB	HBs Antibody, S	1	86706	Yes	Yes
HBAG	HBs Antigen, S	1	87340	Yes	Yes
HCVDX	HCV Ab w/Reflex to HCV PCR, S	1	86803	Yes	Yes

CPT Code Information:

86704
86706
86803
87340
87341 (if appropriate)
87522 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HBGNT	HBs Antigen Confirmation, S	1	87341	No	No
HCVQN	HCV RNA Detect/Quant, S	1	87522	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3
HCVQN	97291	HCV RNA Detect/Quant, S	Alphanumeric	IU/mL	11011-4

Reference Values:

HEPATITIS B SURFACE ANTIGEN:
Negative

HEPATITIS B SURFACE ANTIBODY, QUALITATIVE/QUANTITATIVE
Hepatitis B Surface Antibody
Unvaccinated: Negative
Vaccinated: Positive

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE
Unvaccinated: <8.5 mIU/mL
Vaccinated: > or =11.5 mIU/mL

HEPATITIS B CORE TOTAL ANTIBODIES:
Negative

HEPATITIS C ANTIBODY:
Negative

Interpretation depends on clinical setting. See Viral Hepatitis Serologic Profiles.