

Reporting Title: HBs Antigen, S

Performing Location: Rochester

Ordering Guidance:

This test **should not** be used to test or screen for chronic hepatitis B in pregnant women. For testing such patients, order HBAGP / Hepatitis B Virus Surface Antigen Prenatal, Serum.

This test **should not** be used to screen or test asymptomatic, nonpregnant individuals with or without risk factors for hepatitis B virus (HBV) infection. For testing such patients, order HBGSN / Hepatitis B Virus Surface Antigen Screen, Serum.

This test is **not intended for** testing cadaver or grossly hemolyzed specimens. For testing such patients, order HBGCD / Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum, which is US Food and Drug Administration-approved for testing on these sources.

Additional Testing Requirements:

Testing for acute hepatitis B virus infection should also include HBIM / Hepatitis B Virus IgM Core Antibody Serum, as during the acute hepatitis B virus infection "window period," hepatitis B virus surface (HBs) antigen and HBs antibody may not be detected.

Necessary Information:

1. Date of collection is required.

2. Indicate if specimens are from autopsy/cadaver or hemolyzed sources so that the proper US Food and Drug Administration-approved assay can be performed.

Specimen Requirements:

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: 0.9 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 a plastic vial.

Forms:

If not ordering electronically, complete, print, and send [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum SST	Ambient	72 hours	
	Refrigerated	6 days	
	Frozen (preferred)	90 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
H_BAG	HBs Antigen, S	Alphanumeric		5196-1

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

Supplemental Report:
No

CPT Code Information:
87340
87341 (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

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBGNT	HBGNT	HBs Antigen Confirmation, S	Alphanumeric		7905-3

Reference Values:
Negative

See [Viral Hepatitis Serologic Profiles](#)