

TEST DOWN NOTIFICATION

MML NEW ENGLAND

NOTIFICATION DATE: October 12, 2011 **EFFECTIVE DATE:** Immediately

HEPATITIS B IMMUNE STATUS PROFILE, SERUM #209102

EXPLANATION: Due to manufacturer's reagent issues of the Hepatitis Be Antigen assay, this profile will become non-orderable effective immediately.

RECOMMENDED ALTERNATE TESTS:

#200800 Hepatitis B Surface Antigen, Serum

METHODOLOGY: Chemiluminescence Immunoassay

REFERENCE VALUES: Negative

SPECIMEN REQUIREMENTS: Draw blood in a serum gel-tube. Spin down and separate. Send 2

mL of serum frozen.

TRANSPORT TEMPERATURE: Frozen

LIST FEE: \$84.00

\$126.90 for #200112 "Hepatitis B Surface Antigen, Confirmation, Serum" (if

appropriate)

CPT CODE: 87340 HBsAg

87341 HBsAg confirmation (if appropriate)

DAY(S) SET UP: Monday through Friday, Sunday 3rd Shift **ANALYTIC TIME:** 1 –3 days

#200851 Hepatitis B Core Antibody, Total, with Reflex to IgM, Serum

METHODOLOGY: Chemiluminescence Immunoassay

REFERENCE VALUES: Negative

SPECIMEN REQUIREMENTS: Draw blood in a plain red-top tube or a serum gel-tube. Spin down

and separate. Send 1 mL of serum frozen.

TRANSPORT TEMPERATURE: Frozen

LIST FEE: \$97.40

\$121.80 for #200806 "Hepatitis B Core Antibody, IgM, Serum" (if appropriate)

CPT CODE: 86704 Hepatitis Bc, total

86705 Hepatitis Bc, IgM (if appropriate)

DAY(S) SET UP: Monday through Friday, Sunday 3rd shift **ANALYTIC TIME:** 1 – 2 days

#57244 Hepatitis Be Antigen, EIA, forwarded to Focus Diagnostics

METHODOLOGY: Enzyme Immunoassay (EIA)

REFERENCE VALUES: Negative

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube. (Serum gel-tube is

acceptable). Spin down and separate. Send 1 mL of serum refrigerate.

TRANSPORT TEMPERATURE: Refrigerate

LIST FEE: \$86.00

CPT CODE: 87350

DAY(S) SET UP: Monday, Wednesday, Friday **ANALYTIC TIME:** 1 - 5 days

#200803 Hepatitis Be Antibody, Serum

METHODOLOGY: Enzyme Immunoassay (EIA)

REFERENCE VALUES: Negative

SPECIMEN REQUIREMENTS: Draw blood in a serum gel-tube. Spin down and separate. Send 1

mL of serum frozen.

TRANSPORT TEMPERATURE: Frozen

LIST FEE: \$90.50

CPT CODE: 86707

DAY(S) SET UP: Monday, Wednesday, Friday, 1st shift **ANALYTIC TIME:** 2 – 4 days

#200801 Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum

METHODOLOGY: Chemiluminescence Immunoassay

REFERENCE VALUES: Hepatitis B Surface Antibody

Unvaccinated: Negative Vaccinated: Positive

Hepatitis B Surface Antibody, Quantitative

Unvaccinated: < 5.0 Vaccinated: > or = 12.0

SPECIMEN REQUIREMENTS: Draw blood in a serum gel-tube. **Plasma is not acceptable**. Spin down and separate. Send 1 mL of serum frozen.

TRANSPORT TEMPERATURE: Frozen

LIST FEE: \$80.40

CPT CODE: 86706

DAY(S) SET UP: Monday through Friday, Sunday 3^{rd} shift **ANALYTIC TIME:** 1-2 days

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or Rita Baird, MML Laboratory Technologist Resource Coordinator Telephone: 800-533-1710