

**Reporting Title:** HSV Types 1 and 2 Ab, IgG, S  
**Performing Location:** Jacksonville

**Specimen Requirements:**

Container/Tube: Red top or serum gel  
Specimen Volume: 0.6 mL

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	
	Frozen	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
800207	HSV Type 1 Ab, IgG, S			51916-5
800210	HSV Type 2 Ab, IgG, S			43180-9

**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
800207	HSV Type 1 Ab, IgG, S	1	86695	Yes	No
800210	HSV Type 2 Ab, IgG, S	1	86696	Yes	No

**Reference Values:**

Negative (reported as positive, negative, or equivocal)