
Reporting Title: HBs Antibody, S
Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Spin down and remove serum from clot.

Additional Information: Date of draw is required.

Forms: If not ordering electronically, submit a General Request Form (Supply T239) with the specimen.

Specimen Type	Temperature	Time
Serum SST	Frozen (preferred)	
	Refrigerated	7 days
	Ambient	24 hours

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HB_AB	HBs Antibody, S	Alphanumeric		22322-2
HBSQN	HBs Antibody, Quantitative, S	Alphanumeric	mIU/mL	16935-9

CPT Code: 1 x 86706**Reference Values:**

HEPATITIS B SURFACE ANTIBODY

Unvaccinated: negative

Vaccinated: positive

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE

Unvaccinated: <10.0 mIU/mL

Vaccinated: > or =10.0 mIU/mL

See Viral Hepatitis Serologic Profiles in Special Instructions.