

**Reporting Title:** HBs Antigen Prenatal, S  
**Performing Location:** Rochester

**Specimen Requirements:**

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Collection Instructions: Spin down and remove serum from gel within 24 hours.

Additional Information:

1. Date of draw is required.
2. Indicate if specimens are from autopsy/cadaver or hemolyzed sources so that the proper FDA-licensed assay can be performed.

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
HBSAP	HBs Antigen Prenatal, S	Alphanumeric		5195-3

**CPT Code:** 1 x 87340

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HBNTP	HBs Ag Confirmation Prenatal, S			No	No

---

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HBNTP	HBNTP	HBs Ag Confirmation Prenatal, S	Alphanumeric		In Process

**Reference Values:**

Negative

See Viral Hepatitis Serologic Profiles in Special Instructions.