

**Reporting Title:** HIV-1/-2 Ag and Ab Screen, S  
**Performing Location:** Rochester

**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 3 mL

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

Additional Information: If specimens are autopsy or cadaver blood sources, the proper FDA-licensed assay is HV1CD / HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.

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

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	21 days
	Frozen	30 days
	Ambient	36 hours

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
HIVC1	HIV-1/-2 Ag and Ab Screen, S	Alphanumeric		In Process

**CPT Code:** 1 x 87389

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HIVDI	HIV-1/-2 Ab Differentiation, S		Profile	No	Yes
HV1WB	HIV-1 Ab Confirm by Western Blot, S	1	86689	No	Yes
HIV2L	HIV-2 Ab Confirmation, S	1	86689	No	Yes

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**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIVDI	36112	HIV-1 Ab Differentiation, S	Alphanumeric		In Process
HIVDI	36113	HIV-2 Ab Differentiation, S	Alphanumeric		In Process
HV1WB	9190	HIV-1 Ab Confirm Western Blot, S	Alphanumeric		5221-7
HIV2L	61785	HIV-2 Ab Confirmation, S	Alphanumeric		7919-4

**Reference Values:**

Negative

See HIV Serologic Interpretive Guide in Special Instructions for further interpretive information.