

**Reporting Title:** HIV-1/-2 Ab Evaluation, S  
**Performing Location:** New England

**Specimen Requirements:**

Collection Container/Tube: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 3 mL

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

Additional Information:

1. If this test is ordered as a follow-up evaluation of a specimen with a reactive rapid HIV antibody test result, clients should change test request to RHIV/84455 HIV Antibody Rapid Test Confirmatory Profile, Serum, so that both the initial chemiluminescence immunoassay and confirmatory testing can be done (as per CDC recommendations).
2. If specimens are autopsy or cadaver blood sources, the proper FDA-licensed assay is HV1CD/83628 HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
HIV1	HIV-1/-2 Ab Evaluation, S	Alphanumeric		7918-6

**CPT Code:** 1 × 86703

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HIVFA	HIV-1 Ab Confirm by IFA, S	1	86689	No	Yes
HIV2	HIV-2 Ab Eval, S	1	86702	No	Yes
HIV2L	HIV-2 Ab Confirmation, S			No	Yes
WBAR	HIV-1/-2 Ab Confirm Eval, S	1	86689	No	Yes

---

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIVFA	81758	HIV-1 Ab Confirm by IFA, S	Alphanumeric		14092-1
HIV2	86702	HIV-2 Ab Eval, S	Alphanumeric		30361-0
HIV2L	61785	HIV-2 Ab Confirmation, S	Alphanumeric		In Process
WBAR	9190	HIV-1 Ab Confirm Western Blot, S	Alphanumeric		5221-7

**Reference Values:**

Negative

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