

HIV-1/-2 ANTIBODY EVALUATION, SERUM

Test ID: HIVE

EXPLANATION: Due to implementation of the 4th generation HIV serologic screening testing algorithm at Mayo Medical Laboratories, this evaluation test will become obsolete.

RECOMMENDED ALTERNATE TEST: HIV / HIV-1 and HIV-2 Antigen and Antibody Fourth Generation Screen, Serum.

METHODOLOGY: Immunochromatographic Membrane Assay

REFERENCE VALUES: Negative

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.

SPECIMEN STABILITY INFORMATION:

Specimen Type	Temperature	Time
Serum	Frozen (preferred)	30 days
	Ambient	24 hours
	Refrigerated	7 days

CPT CODES:

86703-HIV-1/-2 Antibody

87899-HIV-1 Antigen

G0433-Government payers (if appropriate)

DAY(S) SET UP: Monday through Friday; Varies **ANALYTIC TIME:** 1 day

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Brandon DeBoom, MML Laboratory Technologist Resource Coordinator
Telephone: 800-533-1710