<table>
<thead>
<tr>
<th><strong>Lab Dept:</strong></th>
<th><strong>Serology</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Name:</strong></td>
<td><strong>HEPATITIS Bs ANTIBODY (ANTI-HBs)</strong></td>
</tr>
</tbody>
</table>

**General Information**

<table>
<thead>
<tr>
<th><strong>Lab Order Codes:</strong></th>
<th>HBSAB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonyms:</strong></td>
<td>Hepatitis Bs Antibody; HbsAb; Hepatitis B Surface Antibody</td>
</tr>
<tr>
<td><strong>CPT Codes:</strong></td>
<td>86706 – Hepatitis B surface antibody (HbsAb)</td>
</tr>
<tr>
<td><strong>Test Includes:</strong></td>
<td>Hepatitis B Surface Antibody result reported in mIU/mL.</td>
</tr>
</tbody>
</table>

**Logistics**

<table>
<thead>
<tr>
<th><strong>Test Indications:</strong></th>
<th>Anti-HBs assays are often used to determine the success of hepatitis B vaccination. Assays for Anti-HBs are also used to monitor convalescence and recovery of hepatitis B infected individuals. The presence of Anti-HBs after an acute HBV infection and loss of hepatitis B surface antigen (HBsAg) can be a useful indicator of disease resolution. Detection of anti-HBs in an asymptomatic individual may indication previous exposure to HBV or HBV vaccination.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Testing Sections:</strong></td>
<td>Serology – Minneapolis Campus</td>
</tr>
<tr>
<td><strong>Phone Numbers:</strong></td>
<td>MIN Lab: 612-813-6280</td>
</tr>
<tr>
<td></td>
<td>STP Lab: 651-220-6550</td>
</tr>
<tr>
<td><strong>Test Availability:</strong></td>
<td>Daily, 24 hours</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>Performed daily</td>
</tr>
<tr>
<td><strong>Special Instructions:</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Specimen**

<table>
<thead>
<tr>
<th><strong>Specimen Type:</strong></th>
<th>Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Container:</strong></td>
<td>SST (Gold or Marble) Alternate tube: Green (Lithium Heparin or Sodium Heparin) or Lavender (EDTA)</td>
</tr>
<tr>
<td><strong>Draw Volume:</strong></td>
<td>2.1 mL (Minimum: 0.6 mL) blood</td>
</tr>
</tbody>
</table>
Processed Volume: 0.7 mL (Minimum: 0.2 mL) serum
Note: Minimum does not allow for repeat

Collection: Routine blood collection

Special Processing: Lab Staff: Centrifuge specimen, remove serum/plasma aliquot into screw-capped round bottom plastic vial. Store and ship at refrigerated or room temperature. Forward promptly.

Patient Preparation: None

Sample Rejection: Mislabeled or unlabeled specimens

Interpretive

Reference Range: Hepatitis B non-vaccinated individuals: Non-reactive
Hepatitis B vaccinated individuals: Reactive

Critical Values: N/A

Limitations: Assay does not differentiate between vaccines and natural infections.
Warning: Not intended for use in screening blood, plasma, or tissue donors.
Results obtained by this method may not be used interchangeably with different manufacturer’s methods.

Methodology: Chemiluminescence Microparticle Immunoassay (CMIA)

References: Abbott Architect AUSAB Package Insert, Abbott Labs, Abbott Park IL, March 2017

Updates: 4/6/2004: Test moved from Memorial Blood Center of Minneapolis to Mayo Medical Laboratories.
1/20/2006: CPT 2006 updates
12/3/2013: Update reference ranges for quantitative testing due to platform change.
6/30/2014: Reference range update for HBAB, Quantitative
1/16/2017: Update to SST.
5/15/2018: Moved to inhouse test at Children’s.