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**Lab Dept:** Serology

**Test Name:** HEPATITIS C ANTIBODY (ANTI-HCV) REFLEX TO CONFIRMATION

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***General Information***

**Lab Order Codes:** HEPC

**Synonyms:** Anti Hepatitis C; Hepatitis C Antibody; HCVAB, Hepatitis C Viral Antibody; HCV Ab

**CPT Codes:** 86803 – Hepatitis C antibody  
87522 – Hepatitis C, quantification (if appropriate)

**Test Includes:** If Hepatitis C Virus (HCV) antibody screen by chemiluminescence immunoassay is reactive, then the presence of antibodies is confirmed by HCV RNA by RT-PCR at an additional charge.

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***Logistics***

**Test Indications:** Screening for past (resolved) or chronic hepatitis C with automatic reflex to antibody confirmation test.

**Lab Testing Sections:** Serology - Sendouts

**Referred to:** Mayo Medical Laboratories (MML Test: HCVDX)

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 - 2 days, test performed Monday - Saturday

**Special Instructions:** N/A

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***Specimen***

**Specimen Type:** Blood

**Container:** SST (Gold or Marble) tube

**Draw Volume:** 6 mL (Minimum: 3 mL) blood

**Processed Volume:** 2 mL (Minimum: 1 mL) serum

<b>Collection:</b>	Routine venipuncture
<b>Special Processing:</b>	Lab Staff: Centrifuge specimen within 6 hours of collection, remove serum aliquot into screw-capped round bottom plastic vial. Store and ship at frozen temperatures. Forward promptly.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Gross lipemia; gross hemolysis; grossly icteric; mislabeled or unlabeled specimens; heparinized or non-SST serum specimens

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### ***Interpretive***

**Reference Range:** Negative (reported as negative or positive)

**Note:** Positive results will be confirmed by PCR at an additional charge.

**Critical Values:** N/A

**Limitations:** This test is not useful for detection or diagnosis of acute hepatitis C Virus (HCV) until after 2 months following exposure and HCV RNA is not performed on specimens with negative anti-HCV screening test results. Initial testing for HCV RNA is recommended for detection of HCV infection in such patients.

A single negative HCV RNA test result together with a reactive HCV antibody screen result with a S/CO ratio of 8.0 or greater do not rule out the possibility of chronic HCV infection. Repeat testing for HCV RNA in 1-2 months is recommended in patient at risk for chronic hepatitis C.

Infants born to HCV-infected mothers may have false-reactive HCV antibody test results due to transplacental passage of maternal HCV IgG antibodies. HCV antibody testing is not recommended until at least 18 months of age in these infants.

Performance characteristics have not been established for the following types of serum specimen:

- Individuals of <10 years of age
- Grossly icteric (total bilirubin level of >20 mg/dL)
- Grossly lipemic (triolein level of >3,000 mg/dL)
- Grossly hemolyzed (hemoglobin level of >500 mg/dL)
- Presence of particulate matter
- Cadaveric specimens

**Methodology:** Chemiluminescence immunoassay (CIA)  
RT-PCR for confirmation, if appropriate

**References:** [Mayo Medical Laboratories](#) September 2017

**Updates:**

4/6/2004: Test moved from Memorial Blood Center of Minneapolis to Mayo Medical Laboratory. Test now includes an automatic reflexive confirmatory test done by RIBA when the EIA is positive.

3/9/2005: Test method previously listed as EIA. EDTA removed as an acceptable specimen anticoagulant.

11/12/2007: Name update to remove confirmation method from title.

2/25/2011: Confirmation by RIBA no longer available. Confirmation now by RT-PCR.

4/26/2011: Confirmation by RIBA once again available and will be the reflex.

3/16/2012: Confirmation by PCR as RIBA method is down.

1/16/2017: Update to SST tube.