
Lab Dept: Serology

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

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 at an additional charge.

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: HCPCR)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 1 - 2 days, test performed daily

Special Instructions: N/A

Specimen

Specimen Type: Blood

Container: SST (Gold or Marble) tube

Draw Volume: 6 mL (Minimum: 5 mL) blood

Processed Volume: 2 mL (Minimum: 1.7 mL) serum

Collection:	Routine venipuncture
Special Processing:	Lab Staff: Centrifuge specimen within 1 hour of collection, remove serum aliquot into screw-capped round bottom plastic vial. Store and ship at frozen temperatures. Forward promptly.
Patient Preparation:	None
Sample Rejection:	Gross lipemia; gross hemolysis; grossly icteric; warm specimens; mislabeled or unlabeled specimens

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:	<p>Serologic tests are not useful for detection or diagnosis of acute hepatitis C Virus (HCV) (< 2 months from exposure). Immunocompromised patients may not develop detectable anti-hepatitis C virus (anti-HCV) until 6 months after infection. Testing for Hepatitis C Virus RNA Detection and Quantification by Real-Time Reverse Transcription-PCR, Serum is recommended for detection of HCV infection in such patients.</p> <p>Serologic test results are not useful for differentiating between past (resolved) and chronic hepatitis C. Such differentiation is best determined by detection of HCV RNA Detection and Quantification by Real-Time Reverse Transcription-PCR, Serum.</p> <p>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.</p> <p>Performance characteristics have not been established for the following types of serum specimen:</p> <ul style="list-style-type: none">• Individuals of <10 years of age• Grossly icteric (total bilirubin level of >20 mg/dL)• Grossly lipemic (triglyceride 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 August 2013

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.