
Lab Dept: Serology

Test Name: HIV-1,2 ANTIGEN/ANTIBODY EVALUATION
REFLEX (ANTI-HIV-1,2)

General Information

Lab Order Codes: HIV12

Synonyms: Human Immunodeficiency Virus Types 1 and 2 (combined) Antibodies;
Anti-HIV-1,2; Anti-HIV

CPT Codes: 87389 – HIV-1 antigen, with HIV1/2 antibodies, single result
86701 – HIV-1 antibody (if appropriate)
86702 – HIV antibody-type 2 (if appropriate)

Test Includes: HIV-1,2 Ag/Antibody reported as negative or reactive. If HIV-1,2 ag/antibody is reactive, then HIV-1,2 antibody differentiation is performed (by rapid immunographic method) at an additional charge.

Logistics

Test Indications: Screening and confirmation of HIV-1 and HIV-2 infection.

Lab Testing Sections: Serology - Sendouts

Referred to: Mayo Medical Laboratories (Test: HIVCO)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 1 – 2 days, tests performed Monday - Saturday. Confirmatory testing may increase turnaround times.

Special Instructions: This test is not offered as a screening or confirmatory test for blood donor specimens. See Patient HIV Testing Algorithm (http://www.mayoreferenceservices.org/mrs/media/test-algorithms/hiv_serologic_screening.pdf) for more information.

Specimen

Specimen Type: Blood

Container: SST (Marble, gold or red)

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| Draw Volume: | 3 mL (Minimum: 1.5 mL) blood |
| Processed Volume: | 1 mL (Minimum 0.5 mL) serum |
| Collection: | Routine venipuncture |
| Special Processing: | Lab Staff: Centrifuge specimen within 24 hours, remove serum/plasma aliquot into screw-capped round bottom plastic vial. Store and ship at refrigerated temperatures. Forward promptly. |
| Patient Preparation: | None |
| Sample Rejection: | Specimens other than serum/plasma as indicated; lithium heparin samples are unacceptable; mislabeled or unlabeled specimens; gross hemolysis; gross lipemia; grossly icteric |

Interpretive

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| Reference Range: | Negative (reported as negative or reactive) Additional testing at an additional charge will be performed if the specimen is reactive. Refer to Test Includes: |
| Critical Values: | N/A |
| Limitations: | Reactive results of this assay does not differentiate among reactivity with HIV-1 p21 antigen, HIV-1 antibody, and HIV-2 antibody. A reactive screening test result is not diagnostic for HIV infection and should be considered preliminary. The positive predictive value of a reactive screening test result is highly dependent o the prevalence of HIV infection in the population tested. The lower the prevalence of HIV infection, the lower the positive predictive value and higher the false-positive rate of the test. Diagnosis of HIV infection must be based on positive results of the supplemental or confirmatory serologic or molecular tests. |
| Methodology: | HIV-1, Ag/Ab Screen and HIV-2 Aby: Chemoluminescent particle assay HIV-1 Differentiation: Rapid Immunographic method HIV-2 Differentiation: Rapid Immunographic method |
| References: | Mayo Medical Laboratories Web Page June 2016 |

Updates:

4/6/2004: Test moved from Memorial Blood Center of Minneapolis to Mayo Medical Laboratories. Note: Test now reflexes to supplemental/confirmatory testing (with additional charges) when indicated by reactive findings.

11/18/2008: Method change, previously listed as Enzyme Immunoassay

3/13/2012: EDTA no longer appropriate tube type.

3/1/2013: HIV-2 confirmation now performed by immunoassay at Mayo.

5/19/2014: Method change previously listed as HIV1/2 Aby Scn by Chemoluminescence (EIA). Now also screen for HIV-1 antigen. CPT code change for screening test. Previously listed as 86709.