



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Test Title	Hepatitis B Surface Antigen With Reflex To Confirmation Methodology: Enzyme Immunoassay
Specimen Requirements	<ol style="list-style-type: none">1. Specimen type(s): Serum (1.5 mL), plasma, or cadaveric serum Acceptable anticoagulants: EDTA, lithium heparin, sodium heparin, sodium citrate, CPDA-1, and ACD2. Rejection criteria: saliva, oral fluid, urine
Sampling Materials	<ol style="list-style-type: none">1. Sample container: Blood tube or screw cap serum tube
Procedural Notes	<ol style="list-style-type: none">1. Clinical Test Request Form and Client Billing Form (if applicable)2. CPT Code: 87340 (EIA), 87341 (Neutralization)
Shipping Instructions	<ol style="list-style-type: none">1. Temperature/preservative instructions: store and ship at refrigerated temperature (2-8°C). If longer than 7 days, store frozen at or below -20°C.2. Package according to Biological Substance, Category B, shipping guidelines.3. Ship to: Idaho Bureau of Laboratories ATTENTION: Serology Laboratory 2220 Old Penitentiary Rd Boise, ID 83712
Reporting and Turnaround Time (TAT)	<ol style="list-style-type: none">1. TAT: within 7 business days2. This disease must be reported to the local public health district or to Idaho Bureau of Communicable Disease Prevention according to the rules and regulations governing Idaho reportable diseases (IDAPA 16.02.10).3. Reference Range: N/A