

## Hepatitis B Surface Antigen, Prenatal

Order Name: **HBSAG**  
Revision Date: 08/20/2015

TEST NAME	METHODOLOGY	LOINC CODE
Hepatitis B Surface Antigen, Prenatal		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	<b>1.0mL ( 0.5mL)</b>	<b>Serum</b>	<b>Serum Gel Tube</b>	
<b>Instructions</b>	Draw blood in a serum gel tube(s). Centrifuge and separate from cells within 2 hours of collection. Send 1 mL (minimum volume: 0.5 mL) of serum refrigerated or frozen in plastic vial. Plasma from mint top or lavender top tube is also acceptable. Note: Label specimen with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of draw, collector initials, and test(s) being ordered.			
<b>Reference Range</b>	Negative			

GENERAL INFORMATION	
<b>Testing Schedule</b>	Monday - Saturday
<b>CPT Code(s)</b>	87340
<b>Lab Section</b>	NRLS-Core Chemistry