IDAHO DEPARTMENT OF HEALTH & WELFARE

Test Title	**Human Immunodeficiency Virus Combo Antigen/Antibody EIA Methodology: Enzyme Immunoassay with reflex for virus differentiation**
Sample Requirements	1. Sample type(s): Serum or plasma (1 ml), SSTs with EDTA, sodium citrate, or sodium or lithium heparin are acceptable 2. Samples may be stored for no longer thCan 2 days at room temp or 7 days at 2-8°C. 3. Rejection criteria: Specimens containing particulate material; severely hemolyzed or heat-inactivated specimens
Sampling Materials	1. Sample container: Blood tube
Procedural Notes	1. Virology/Serology Test Request Form 2. CPT code: 87389 for the antigen/antibody test, 86703 for the differentiation reflex test (MultiSpot) 3. If HIV-1/2 Antibody Differentiation is Indeterminate or Negative, HIV-1 RNA, Qualitative, TMA will be performed (CPT code(s): 87535).
Shipping Instructions	1. Temperature/preservative instructions: Refrigerated 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)	1. TAT: 3 business days; 1 business day if a known exposure 2. This disease must be reported to your local health district or to the state Bureau of Communicable Disease Prevention according to the rules and regulations governing Idaho reportable diseases (IDAPA 16.02.10). 3. Reference Range: N/A