Effective November 18, 2014, the clinical laboratory will switch methodologies for Hepatitis B Surface Antigen and the Hepatitis B Surface Antigen Confirmation tests. The switch will be from Siemens ADVIA Centaur Chemiluminescent Immunoassays to the Abbott ARCHITECT i1000 Chemiluminescent Microparticle Immunoassays (CMIA). The Hepatitis Acute Panel includes the Hepatitis B Surface Antigen test, with confirmation if Reactive.

Sample Requirements: Collect - SST (gold top) or plain red top serum or EDTA plasma, 4 mL

Patient Preparation: None

Storage/Transport: Deliver at room temperature to the laboratory for processing. If sample cannot be delivered to the laboratory within 8 hours of collection, centrifuge sample and transport separated serum or plasma refrigerated at 2-8°C.

Stability: Separated serum/plasma: Room temperature – 24 hrs; refrigerated 2-8°C for 6 days, or frozen at -20°C for longer storage.

Minimum Volume: 0.8 mL serum/plasma – for HBsAg (0.3 mL) and confirmation, if required (0.6 mL)

Unacceptable Conditions: samples other than serum or EDTA plasma; samples not held at correct temperature; and grossly hemolyzed samples.

Reference Interval: Hepatitis B Surface Antigen Nonreactive
Hep B Surface Ag Confirmation Nonreactive

Interpretive Information:
Current methods for the detection of Hepatitis B surface antigen may not detect all potentially infected individuals. A Nonreactive test result does not exclude the possibility of exposure to or infection with HBV and may be due to antigen levels below the detection limit of this assay or lack of antigen reactivity to the antibodies in this assay. If the qualitative results are inconsistent with clinical evidence, additional testing is suggested to confirm the result. In some cases the presence of HBsAg is Reactive by the HBsAg assay, but not able to be confirmed by the neutralization confirmation assay. The “Reactive” result may be caused by nonspecific binding (NSB). It is possible that NSB could obscure low levels of HBsAg in early infection or early recovery; and it is recommended that if clinically indicated, the patient be evaluated for other serologic markers of HBV infection, and possibly retested for HBsAg in 4 to 6 weeks.

Routine Testing: For Hepatitis B Surface Antigen – daily M through F dayshift and Sa – Su evening shift; and for the Hepatitis B Surface Antigen Confirmation – as needed on M-W–F dayshift in Special Chemistry at the STC.

If you have questions or need additional information, please contact Laboratory Client Services at (916) 734-7373 or email pathologyclientservices@ucdmuc.ucdavis.edu.