

**Prenatal Profile #8 with HIV and HCV**

Order Name: **Prenatal Pr8HC**  
Test Number: 6906279  
Revision Date: 03/19/2020

| TEST NAME                                              | METHODOLOGY             | LOINC CODE            |
|--------------------------------------------------------|-------------------------|-----------------------|
| Complete Blood Count (CBC) with Automated Differential | Flow cytometry          | See Individual Assays |
| Hepatitis B Surface Antigen                            | Chemiluminescence Assay | 5195-3                |
| Treponemal Antibody Analyzer                           | Chemiluminescence Assay | 47236-5               |
| Rubella Virus Antibody IgG                             |                         |                       |
| HIV Antigen/Antibody Screen, 4th Gen                   | Immunoassay (IA)        | 56888-1               |
| ABO Group & Rh Type                                    |                         |                       |
| Antibody Screen (Indirect Coombs)                      |                         |                       |
| Hepatitis C Antibody (HCV Ab)                          | Chemiluminescence Assay | 16128-1               |

| SPECIMEN REQUIREMENTS |                                                                                                                                                                                                                    |                  |                    |                       |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|-----------------------|
| Specimen              | Specimen Volume (min)                                                                                                                                                                                              | Specimen Type    | Specimen Container | Transport Environment |
| Preferred             | See Instructions                                                                                                                                                                                                   | See Instructions | See Instructions   |                       |
| Instructions          | This profile requires the collection of several specimen types. Please collect one of each of the following specimens:<br>One 7mL EDTA Pink top.<br>One 5mL EDTA Lavender top.<br>One 5mL Clot Activator SST tube. |                  |                    |                       |

| GENERAL INFORMATION |                                                                                                                      |
|---------------------|----------------------------------------------------------------------------------------------------------------------|
| Testing Schedule    | Test dependent                                                                                                       |
| Expected TAT        | 2 - 4 days                                                                                                           |
| CPT Code(s)         | 85025, 87340, 86780, 86762, 86900, 86901, 86850                                                                      |
| Service Provided By |  <b>labcorp</b><br>Oklahoma, Inc. |