

SAN MATEO COUNTY PUBLIC HEALTH LABORATORY TEST INFORMATION

Section: Viral Serology Test Name: HIV-1, 2 Screen

Test Includes: Bio-Rad HIV 1, 2 and O Enzyme Immunoassay (EIA)	
Reporting	
Results Available: 5 days from receipt	Contact Number: (650) 573-2500
Reference	
Method: EIA performed on Bio-Rad Evolis	
Turnaround Time: 5 days if non-reactive; 10	Reference Range: Non-Reactive
days if reactive	-
Limitations: May not detect a recent infection,	Interpretation: Non-reactive indicates that the
or infection in a person with a severely	patient does not have detectable antibody to the
compromised immune system.	infectious agent. Reactive indicates that the
	patient has detectable antibody to the infectious
	agent, and depending on the clinical picture,
	may have a current or past infection.
Specimen Requirements	
Specimen Collection: Venipuncture	Sample Type: Blood
Volume/Amount Required: 7-10 mls whole	Preferred Specimen: Serum, plasma
blood or 5 ml serum or plasma	
Collection/Preservation: Red top or tiger top	Storage Instructions: Do not freeze or
tube	refrigerate whole blood. Separated serum or
	plasma may be held at 2-8° C. Do not freeze
C C. D D.	plasma.
Causes for Rejection: Discrepancy in	Sample Container: Red top or tiger top tube
specimen identification; insufficient quantity of	
specimen;	Availability: Performed Monday, Wednesday
Sample Test Kit:	and Friday
Diagnostic Information: The EIA procedure for the detection of HIV antibodies is a screening	
procedure. All reactive or indeterminate EIA results require repeat testing in duplicate. If one or	
both of the repeat tests are reactive, a Western blot confirmatory test is performed. Specimens	
with non-reactive EIA results will not be tested by	• • •
Specimen Submission	
Request Form: Anonymous tests are ordered	Specimen Handling: Use Universal
on State HIV Test Request Form.	Precautions
Transport Temperature: Ambient	Shipping Requirements: Ship on cold packs
temperature for clotted blood; separated serum	(2-8°C), or frozen (-20°C) and mailed on dry
at 2-8°C (refrigerated) or -20°C (frozen).	ice.
Billing	
CPT Code(s): 86701	Fees: \$15.00
Effective Date: July 1, 2008	



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