



Department of Health and Human Services
Health and Environmental Testing Laboratory
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HIV-1 HIV-2 Antigen and Antibody Detection by EIA

Laboratory Submission Information Sheet

Reporting of suspect case to Maine CDC	<ul style="list-style-type: none">• Yes: Human Immunodeficiency Virus (HIV) is a Notifiable Condition. If you have not already done so, please report suspect or confirmed cases to the Maine CDC via the disease reporting line: 1-800-821-5821 (24hrs/day 7 days/week.)
Required To Submit Laboratory Specimen	<ul style="list-style-type: none">• No
Required Information	<ul style="list-style-type: none">• Information on requisition must include: test requested, patient name, DOB, date of collection, specimen source or type, submitter name and contact information.• Important: all specimens must be labeled with patient name, DOB or other unique identifier, and be accompanied by a HETL requisition.
Specimen Requirements	<ul style="list-style-type: none">• Serum tube (prefer serum separator tube and specimen centrifuged)• The performance of this assay has not been established for individuals younger than 2 years of age.
Collection Instructions	<ul style="list-style-type: none">• Samples may be stored for no longer than 2 days at room temperature or 7 days at 2-8°C, including the time that samples are in transit. Ship specimens on frozen cold packs.• For long-term storage, the specimens should be removed from the clot, red blood cells, or separator gel and should be frozen at -20°C or colder.
Turn Around Time	<ul style="list-style-type: none">• Results are generally available within 2 - 5 business days of specimen receipt
Rejection Criteria	<ul style="list-style-type: none">• Specimens received without a requisition form, clinical details or with insufficient material to analyze. Specimens in poorly labeled, unlabeled, or leaking containers. Specimens transported at incorrect temperature.• Specimens not received within 7 days or stored properly. Heat-inactivated specimens.• Suspended fibrin particles, aggregates and extensive hemolysis may affect test performance
Results	<ul style="list-style-type: none">• HIV Combo Ag/Ab EIA Screen Detected or Not Detected• Specimens that are repeatedly reactive will be automatically reflexed to HIV confirmation assay and billed accordingly.• Results will only be reported to the submitter listed on the requisition
Laboratory Testing Fee	<ul style="list-style-type: none">• \$22.00 - Antigen/Antibody screen• \$50.00 - HIV confirmation
Applicable CPT Codes	<ul style="list-style-type: none">• 87389 - Antigen/Antibody screen• 86701/86702 - HIV Confirmation
Additional Information	<ul style="list-style-type: none">• Bacteriology at 207-287-1704• Virology, Respiratory, Arbovirus, Serology, and STI at 207-287-1722• Molecular Biology, Sequencing, and Foodborne at 207-287-5769• Mycobacterium and Rabies at 207-287-1706