

| aboratories Test Menu | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| ΤΟΡΙΟ | DESCRIPTION |
| Test Name | Hepatitis A, PCR |
| Other Name (s) | Real-time PCR, RT-PCR, real-time RT-PCR, nucleic acid amplification testing |
| | (NAAT) |
| Analyte(s) | hepatitis A virus (HAV) |
| Test Code | 1821 |
| Lab location | Tampa location |
| Department | Virology |
| Prior Authorization | Requires prior approval from Regional Epidemiology and notification to the |
| | testing lab. Contact local County Health Department to start the process of |
| | approval. |
| Required Forms | Test Requisition Form, DH1847 |
| Specimen Sources | Serum |
| Supplemental Information- Special Specimen | N/A |
| Preparation | , |
| Minimum Volume | 200 μL (0.2 mL), 3-5mL blood preferred |
| Storage Conditions | Refrigerate specimens at 2-8°C or frozen at ≤-20°C. |
| Collection Media | Vacutainer (red/tiger top) or serum separator tube |
| Specimen Labeling | -Specimen must be labeled with at least two unique patient identifiers, Ex: |
| | Name and DOB. |
| | -The collection date and time if submitting multiple specimens. |
| | -Information on the specimen must match the requisition. |
| Packaging and Shipping Instructions and Handling | Specimens must be shipped between (2-8°C) or frozen (≤-20°C) on dry ice. |
| | Separate multiple specimens into different bags (preferred). |
| Test Methodology | Real-time reverse-transcription polymerase chain reaction (RT-PCR) assay |
| Turnaround Time | 3 - 5 days |
| Result Indicator | Hepatitis A virus detected, or no virus detected |
| Unsatisfactory Specimen | Unlabeled or mislabeled specimens, insufficient quantity for testing, |
| | incorrect collection tube/transport media, grossly contaminated specimen, |
| | disparity between ID on sample and paperwork, improper collection, |
| | storage or transport of specimen, no test requested, test requested is not |
| | performed. If required, the absence of patient history. If required, the lack |
| | of patient history that is compatible with test requested. Test order |
| | cancelled by provider, broken, or leaked in transit, etc. |
| Interferences and Limitations | PCR Inhibitors |
| Additional Information & Notes | None |
| Reference Range | N/A |
| Reference Lab | CDC if needed |
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