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Title: Primary Sample Manual – Infectious Serology

Changes made since previous version:

Note: *Please refer to document record on Q-Pulse for the revision history of this document.*

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INTRODUCTION

This is a list of the infectious serology tests performed at Eurofins Biomnis' Dublin Laboratory. For a searchable list of tests performed by Eurofins Biomnis in France, in our laboratories in Lyon and Paris, click here.

Please note that these lists were comprehensive at the time of publishing. Eurofins Biomnis is continuously updating its menu of tests, and some tests may be available even though they are not listed in this document or at the above link. If you cannot find details of a test you require, please contact our Client Services department on Free Phone 1800-252-966 or 01 295 8545, or e-mail clientservices@ctie.eurofinseu.com.

For sample collection, please contact our Logistics department on Free Phone 1800-252-967, or e-mail logistics@ctie.eurofinseu.com.

TEST INFORMATION TEMPLATE	
Brief information on clinical background, indications for test and interpretation of test results.	
Preparation of Patient: any special preparation required, such as fasting. **Precautions:** any special circumstances, conditions etc. to be aware of.	
Accredited	Whether or not the test is accredited by INAB to ISO 15189
Method	Test method
Sample Requirements	Type of tube required, transport temperature and other information.
Turnaround Time	The maximum turnaround time in working days from receipt of the sample in the laboratory's pre-analytics department. **Working days are Monday to Friday 08:00 to 18:00.**
Stability	Sample stability under various conditions. **RT = room temperature i.e.: 16 – 25 °C.** Please see **SAMPLE STABILITY** notes below. Stability data indicated by a superscript numeral 1 are taken from the publication referenced below[1].
Units - Reference Ranges and Source	Units and reference range(s) for the test. Source of the reference ranges: 1. Test manufacturer's instructions for use (IFU). 2. National and international guidelines. 3. Ranges established in-house.

NOTES ON SAMPLE STABILITY

Most incorrect laboratory test results are due to improper sample collection and transport. For details regarding correct phlebotomy technique and our patient identification requirements, please click here.

In order for you to arrange and properly time phlebotomy and sample collection, we have indicated, for each test, its stability after collection. Stability is indicated for whole blood at various temperatures, and for plasma or serum separated from cells, also at various temperatures.

Stability data are taken from the manufacturers' instructions for use (IFUs), and from the World Health Organisation publication indicated below[1].

Sample stability data is not available for all tests under all conditions, either in the manufacturers' IFUs or the published literature. If no information is available, in general, unless otherwise specified (such as when the required sample is whole blood), serum should be centrifuged and separated from cells after completion of clotting (20 – 30 minutes), and transported to the laboratory at 2 – 8 °C. Plasma may be centrifuged and separated from cells immediately after sampling and gently mixing the sample by inverting the tube 10 times. It should then be transported to the laboratory at 2 – 8 °C. Whole blood should be transported at 2 – 8 °C and reach the laboratory as soon as possible. **However, please check each test for specific stability information.**

If in doubt, please contact our Client Services department on Free Phone 1800-252-966 or 01 295 8545, or e-mail clientservices@ctie.eurofinseu.com.

Reference:

1. World Health Organisation: Use of anticoagulants in diagnostic laboratory investigations. WHO/DIL/LAB99.1 Rev.2, 2002.

REASONS FOR REJECTION OF SAMPLES/NON-REPORTING OF TESTS

1. Samples received beyond the stability limits and/or not at the correct temperature indicated below for each test.
2. Samples received in the incorrect tube/with the incorrect anticoagulant or lack of the correct anticoagulant.
3. Samples received without the necessary patient identifiers. For more details, see here.
4. Samples which fail specific criteria for certain tests. See individual tests for details.

Infectious Serology Consultant: Prof. M. Hannan
Telephone: 00-353-1-295-8545

ANTI-HEPATITIS B CORE ANTIBODY

Anti-HBc determinations can be used to monitor the progress of hepatitis B viral infection. Anti-HBc is found in serum shortly after the appearance of Hepatitis B Surface Antigen (HBsAg) in acute hepatitis B infections. It will persist after the disappearance of HBsAg and before the appearance of detectable antibody to HBsAg (anti-HBs).

In the absence of information about any other hepatitis B virus (HBV) markers, it must be considered that an individual with detectable levels of anti-HBc may be actively infected with HBV or that the infection may have resolved, leaving the person immune. Anti-HBc may be the only serological marker of hepatitis B viral infection and potentially infectious blood. The presence of anti-HBc does not differentiate between acute or chronic hepatitis B infections.

Preparation of Patient: There is no special physical preparation for the test.

Location	**Eurofins Biomnis Three Rock Road**	**Eurofins Biomnis Blackthorn Road**
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) CC72	Chemiluminescent microparticle immunoassay (CMIA) technology SOP:BKIIS18
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	1 working day.	1 working day.
Stability	≤3 days at 15-30 ºC ≤14 days at 2-8 ºC >14 days at -20 ºC or colder.	≤3 days at 15-30 ºC ≤14 days at 2-8 ºC >14 days at -20 ºC or colder.
Units, Reference ranges and Source	Specimens with S/CO values < 1.00 are considered Non-reactive (NR). Specimens with S/CO values >= 1.00 are considered reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. Source: Abbott IFU	Specimens with S/CO values < 1.00 are considered Non-reactive (NR). Specimens with S/CO values >= 1.00 are considered reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. Source: Abbott IFU

ANTI-HEPATITIS B SURFACE ANTIBODY

Anti-HBs is a specific antibody directed against the hepatitis B surface antigen. Anti-HBs can be formed following a Hepatitis B infection or after a Hepatitis B vaccination. This test is used within the scope of hepatitis B vaccination to check the necessity and success of vaccination. Moreover, anti-HBs tests are used to monitor the course of disease following acute hepatitis B infection.

Preparation of Patient: There is no special physical preparation for the test.

Location	Eurofins Biomnis Three Rock Road	Eurofins Biomnis Blackthorn Road
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC 48	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS17
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	1 working day	1 working day
Stability	Whole blood ≤ 14 days at 2-8°C. Separated: >14 days frozen (-20°C or colder)	Whole blood ≤ 14 days at 2-8°C. Separated: >14 days frozen (-20°C or colder)
Units, Reference ranges and Source	mIU/ml <10 : Non reactive /Non-Immune If post-vaccination, patient is a non-responder. Test for Anti-HBc. If anti-HBc negative, give booster dose of the same hepatitis B vaccine. Recheck anti-HBs 2 months later and if anti-HBs remains <10 mIU/ml, give two further doses of the same hepatitis B vaccine (i.e. complete a second course of the same hepatitis B vaccine). Recheck anti-HBs 2 months later and if anti-HBs remains <10 mIU/ml, person is susceptible to HBV. ≥ 10: Reactive/Immune Based on the World Health Organisation and NIAC recommendations, an Anti-HBs concentration ≥ 10 mIU/mL is regarded as being protective against Hepatitis B viral infection. Source: Abbott IFU For further guidance re. immunisation protocols and testing see https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter9.pdf	mIU/ml <10 : Non reactive /Non-Immune If post-vaccination, patient is a non-responder. Test for Anti-HBc. If anti-HBc negative, give booster dose of the same hepatitis B vaccine. Recheck anti-HBs 2 months later and if anti-HBs remains <10 mIU/ml, give two further doses of the same hepatitis B vaccine (i.e. complete a second course of the same hepatitis B vaccine). Recheck anti-HBs 2 months later and if anti-HBs remains <10 mIU/ml, person is susceptible to HBV. ≥ 10: Reactive/Immune Based on the World Health Organisation and NIAC recommendations, an Anti-HBs concentration ≥ 10 mIU/mL is regarded as being protective against Hepatitis B viral infection. Source: Abbott IFU For further guidance re. immunisation protocols and testing see https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter9.pdf

HEPATITIS B SURFACE ANTIGEN

This is a polypeptide component of the Hepatitis B virus particle external envelope. Its presence in the blood indicates infection by the virus; it is the first hepatitis B immunological marker and is present in blood days or weeks before symptoms appear. It may persist in persons who are chronic carriers of hepatitis B.

Preparation of Patient: There is no special physical preparation for this test.

Location	Eurofins Biomnis Three Rock Road	Eurofins Biomnis Blackthorn Road
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC 28	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS16
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC. Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC. Miscellaneous: Non fasting
Turnaround Time	1 working day	1 working day
Stability	Whole blood: Up to 24 hours at RT or ≤ 6 days at 2-8ºC Separated: ≥ 6 days at -20ºC or colder. Avoid more than 3 freeze/thaw cycles	Whole blood: Up to 24 hours at RT or ≤ 6 days at 2-8ºC Separated: ≥ 6 days at -20ºC or colder. Avoid more than 3 freeze/thaw cycles
Units - Reference Ranges and Source	Specimens with S/CO values < 1.00 are considered nonreactive (NR). Specimens with S/CO values >=1.00 are considered reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. Hep B surface antigen alone is not useful during the "window period" of acute hepatitis B infection (i.e. after the disappearance of Hep B surface antigen and before the appearance of Hep B surface antibody). Testing for acute hepatitis B infection should also include hepatitis B core IgM antibody. Source: Abbott IFU	Specimens with S/CO values < 1.00 are considered nonreactive (NR). Specimens with S/CO values >=1.00 are considered reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. Hep B surface antigen alone is not useful during the "window period" of acute hepatitis B infection (i.e. after the disappearance of Hep B surface antigen and before the appearance of Hep B surface antibody). Testing for acute hepatitis B infection should also include Hepatitis B core IgM antibody. Source: Abbott IFU

ANTI-STREPTOLYSIN O TITRE (ASOT)

The group A β-haemolytic streptococci produce various toxins that can act as antigens. One of these exotoxins is streptolysin-O. The affected organism produces specific antibodies against these exotoxins, among which concentration of Anti-Streptolysin-O in the patient's serum will enable to establish the degree of infection due to the β-haemolytic streptococcus.
A positive test can indicate recent or current group A, C, and G streptococcal infection (e.g., upper airway infections, scarlet fever, toxic shock syndrome) and may support the diagnosis of post-streptococcal infection complication (e.g., glomerulonephritis and rheumatic fever).
The test is positive in only 80-85% of group A streptococcal infections, so a negative test does not necessarily exclude the diagnosis.

Preparation of Patient: There is no special physical preparation for this test.

Location		**Eurofins Biomnis Blackthorn Road**
Accredited		No
Method		Turbidimetric/Immunoturbidimetric SOP: BKICC57
Sample Requirements		Tube Type: Serum (Gold and red cap). Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time		1 working day
Stability		Serum ≤2 days at 2-8 ºC > 2 days -20 ºC
Units - Reference Ranges and Source		IU/mL Up to 7 years: less than 100 Greater than 7 years: less than 200 Source: Abbott IFU

CYTOMEGALOVIRUS IGG AND IGM ANTIBODIES

Infections with CMV (a member of the herpes virus family) are very common and usually mild and asymptomatic. In immunocompromised patients, however, infections can be severe and sometimes fatal. Also, *in utero* infection of the foetus can lead to birth defects. If the CMV IgG is positive, CMV IgM is measured to determine if the infection is current or recent.

Preparation of Patient: There is no special physical preparation for these tests.

Location	Eurofins Biomnis Three Rock Road	Eurofins Biomnis Blackthorn Road
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC75/CC83	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS11 and BKIIS12
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	3 working days	3 working days
Stability	Whole blood: RT unknown; ≤14 days. 2-8ºC Separated: RT unknown; ≥14 days -10°C or colder	Whole blood: RT unknown; ≤14 days. 2-8ºC Separated: RT unknown; ≥14 days -10°C or colder
Units - Reference Ranges and Source	CMV IgG: ≥6.0 AU/mL are considered reactive (POSITIVE) Less than 6.0 AU/mL are nonreactive (NEGATIVE) CMV IgM: Index <0.85 are considered nonreactive (NEGATIVE) Index 0.85 to 0.99: GRAYZONE, Repeat in 7 to 14 days Index greater than or equal to 1.00: reactive (POSITIVE) Source: Abbott IFU	CMV IgG: ≥6.0 AU/mL are considered reactive (POSITIVE) Less than 6.0 AU/mL are nonreactive (NEGATIVE) CMV IgM: Index <0.85 are considered nonreactive (NEGATIVE) Index 0.85 to 0.99: GRAYZONE, Repeat in 7 to 14 days Index greater than or equal to 1.00: reactive (POSITIVE) Source: Abbott IFU

HEPATITIS C VIRUS ANTIBODIES		
This test detects the presence of antibodies to the Hepatitis C virus.		
Preparation of Patient: There is no special physical preparation for the Hepatitis C Ab test.		
Location	**Eurofins Biomnis Three Rock Road**	**Eurofins Biomnis Blackthorn Road**
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC74.	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS19
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	1 working day	1 working day
Stability	≤ 7 days at 2-8ºC ≤ 3 months at -20ºC or colder.	≤ 7 days at 2-8ºC ≤ 3 months at -20ºC or colder.
Units - Reference Ranges and Source	Specimens with S/CO values < 1.00 are considered Non-reactive (NR). Specimens with S/CO values >= 1.00 are considered Reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing Source: Source: Abbott IFU	Specimens with S/CO values < 1.00 are considered Non-reactive (NR). Specimens with S/CO values >= 1.00 are considered Reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing Source: Source: Abbott IFU

HTLV-I/II

HTLV-I and HTLV-II are closely related human type C retroviruses. HTLV-I has been etiologically associated with neoplastic conditions and a variety of demyelinating neurologic disorders including adult T-cell leukaemia, tropical spastic paraparesis and/or HTLV-I associated myelopathy and more recently HTLV-I associated polymyositis, arthritis, and infective dermatitis.

Detection of antibodies against HTLV-I and HTLV-II serves to aid in the diagnosis of HTLV infection and to protect the safety of blood supply.

Preparation of Patient: There is no special physical preparation for the HTLV-I/II test.

Location	Eurofins Biomnis Three Rock Road	Eurofins Biomnis Blackthorn Road
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC93	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS14
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	5 working days	5 working days
Stability	≤ 3 days at 15-30 ºC ≤ 14 days at 2-8ºC Separated: ≥ 14 days at -20ºC or colder.	≤ 3 days at 15-30 ºC ≤ 14 days at 2-8ºC Separated: ≥ 14 days at -20ºC or colder.
Units - Reference Ranges and Source	Specimens with S/CO values < 1.00 are considered Non-reactive (NR). Specimens with S/CO values >= 1.00 are considered Reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. A negative (non-reactive) test result does not exclude the possibility of exposure to human T-cell lymphotropic virus types I and II. Levels of total antibodies to these viruses may be undetectable in early infection. Source: Abbott IFU	Specimens with S/CO values < 1.00 are considered nonreactive (NR). Specimens with S/CO values >= 1.00 are considered reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. A negative (non-reactive) test result does not exclude the possibility of exposure to human T-cell lymphotropic virus types I and II. Levels of total antibodies to these viruses may be undetectable in early infection. Source: Abbott IFU

HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY/ANTIGEN COMBO

This Combo test measures antibodies to HIV-1 and HIV-2, and the HIV p24 antigen. The test is positive if either or both of these are present, and does not distinguish between them.

Preparation of Patient: There is no special physical preparation for the HIV test.

Location	Eurofins Biomnis Three Rock Road	Eurofins Biomnis Blackthorn Road
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC73	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS15
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	1 working day	1 working day
Stability	Whole blood: ≥ 3 days at RT or 14 days at 2-8ºC Separated: at -20ºC or colder.	Whole blood: ≥ 3 days at RT or 14 days at 2-8ºC Separated: at -20ºC or colder.
Units - Reference Ranges and Source	Negative Non Reactive Please send a further sample taken at least 7 days after the current sample if HIV infection is still suspected. Specimens with S/CO values < 1.00 are considered non-reactive.(NR). Specimens with S/CO values >= 1.00 are considered reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. Source: Abbott IFU	Negative Non Reactive Please send a further sample taken at least 7 days after the current sample if HIV infection is still suspected. Specimens with S/CO values < 1.00 are considered nonreactive (NR). Specimens with S/CO values >= 1.00 are considered reactive (R). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing. Source: Abbott IFU

RUBELLA IGG AND IGM ANTIBODIES		
Primary *in utero* rubella infection can lead to severe birth defects. A positive IgG with a negative IgM result indicates previous rubella infection/vaccination and implies immunity to further infection. A positive IgM result indicates current/recent infection and risk to the foetus in case of pregnancy.		
Preparation of Patient: There is no special physical preparation for the rubella Ab test.		
Location	**Eurofins Biomnis Three Rock Road**	**Eurofins Biomnis Blackthorn Road**
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP: CC76/CC81	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS9 and SOP: BKIIS10
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	3 working days	3 working days
Stability	Whole blood: ≤ 14 days at 2-8ºC Separated: ≥ 14 days -20ºC or colder.	Whole blood: ≤ 14 days at 2-8ºC Separated: ≥ 14 days -20ºC or colder.
Units - Reference Ranges and Source	Rubella IgG Antibody: kIU/L 0.0 to 4.9: Non-reactive 5.0 to 9.9: Equivocal >/= 10 : Reactive Rubella IgM Antibody: - Index Index less than 1.20: nonreactive (Negative) Index 1.20 - 1.59: equivocal; repeat in 7 to 14 days. Index >/= 1.60: reactive (Positive). Source: Abbott IFU	Rubella IgG Antibody: kIU/L 0.0 to 4.9: Non-reactive 5.0 to 9.9: Equivocal >/= 10 : Reactive Rubella IgM Antibody: - Index Index less than 1.20: nonreactive (Negative) Index 1.20 - 1.59: equivocal; repeat in 7 to 14 days. Index >/= 1.60: reactive (Positive). Source: Abbott IFU

SYPHILIS TREPONEMA PALLIDUM AB		
Syphilis is caused by infection with the bacterium TP which can be transmitted congenitally or by sexual contact. The disease can evolve into a latent phase in which syphilis is clinically unapparent. Serological tests (non-treponemal and treponemal specific), in addition to patients' clinical history, are currently the primary methods for the diagnosis and management of syphilis.		
Preparation of Patient: There is no special physical preparation for the Syphilis Ab test.		
Location	**Eurofins Biomnis Three Rock Road**	**Eurofins Biomnis Blackthorn Road**
Accredited	Yes	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC41	Chemiluminescent microparticle immunoassay (CMIA) SOP: BKIIS17
Sample Requirements	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting	Tube Type: Serum (Gold and red cap); Plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting
Turnaround Time	3 working days	3 working days
Stability	Serum: RT ≤ 72 hours; 2-8°C ≤ 7 days Plasma: RT ≤ 72 hours; 2-8°C ≤ 30 days	Serum: RT ≤ 72 hours; 2-8°C ≤ 7 days Plasma: RT ≤ 72 hours; 2-8°C ≤ 30 days
Units - Reference Ranges and Source	Specimens with S/CO values < 1.00 are considered nonreactive (negative). Specimens with S/CO values >=1.00 are considered reactive (positive). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing Source: Abbott IFU	Specimens with S/CO values < 1.00 are considered nonreactive (negative). Specimens with S/CO values >=1.00 are considered reactive (positive). This is a screening test and reactive samples will be referred to NVRL for confirmatory testing Source: Abbott IFU

HEPATITIS C VIRUS ANTIGEN

ARCHITECT HCV Ag is a Chemiluminescent Microparticle Immunoassay (CMIA) using microparticles coated with monoclonal anti-HCV for the detection of HCV Ag. HCV Ag assays are used as an aid in the diagnosis of suspected Hepatitis C viral (HCV) infection and to monitor the status of infected individuals, i.e., whether the patient's infection has resolved or the patient has become a chronic carrier of the virus. For the diagnosis of acute or chronic hepatitis, HCV Ag reactivity should be correlated with patient history and the presence of other Hepatitis C serological markers.

Preparation of Patient: There is no special physical preparation for the Hepatitis C Ag test.

Location	**Eurofins Biomnis Three Rock Road**
Accredited	No
Method	Chemiluminescent microparticle immunoassay (CMIA) SOP : CC134
Sample Requirements	Tube Type: Serum (Gold and red cap); plasma (green and lavender cap) Temperature: + 4ºC Miscellaneous: Non fasting.
Turnaround Time	3 working days
Stability	≤ 5 days at 2-8ºC > 5 days at -20ºC or colder.
Units - Reference Ranges and Source	Specimens with concentration values <3.00 fmol/L are considered non-reactive for HCV Ag. Values ≥3.00 fmol/L are considered reactive for HCV Ag. Specimens with concentration values ≥3.00 fmol/L to <10.00 fmol/L should be retested after re-centrifuging at 3,000 g for 10 minutes). If recent contact or exposure risk suggest repeat sample after 6 weeks for Hepatitis C RNA. Source: Abbott IFU