



Department of Health and Human Services
Health and Environmental Testing Laboratory
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Geenius™ HIV 1/2 Supplemental Assay 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: suspected organism, patient name, DOB, date of collection, specimen source or type, submitter name and contact information.• Important: all specimens must be labeled with patient name and be accompanied by a HETL requisition.
Specimen Requirements	<ul style="list-style-type: none">• Please refer to: HIV Combo Viral Antigen/Antibody Serum LSIS.• Minimum sample volume: 0.5ml serum or plasma (serum preferred)• Plasma should be collected in EDTA, heparin, or sodium citrate.
Collection Instructions	<ul style="list-style-type: none">• Samples may be stored for no longer than 48 hours at room temperature or 7 days at 2-8°C, including the time that samples are in transit.• For long-term storage, the serum or plasma specimens should be frozen at -20°C or colder.
Turn Around Time	<ul style="list-style-type: none">• Results are available within 24-72 hours after arrival.• Requesting a HIV Confirmation test will include a fourth generation EIA Antigen/Antibody screen and will not be used as a stand alone test. In order for this test to be considered a confirmatory test , it MUST be used in conjunction with a fourth generation HIV EIA.
Unacceptable Conditions	<ul style="list-style-type: none">• Specimens received without a form and clinical details or with insufficient material to analyze.• Extensive hemolysis may affect test performance. Do not use heat-inactivated specimens.• Samples should not be used if they have incurred more than 4 freeze/thaw cycles.• Suspended fibrin particles, aggregates and extensive hemolysis may affect test performance
Results	<ul style="list-style-type: none">• HIV Negative, HIV-1 Positive, HIV-2 Positive, HIV Indeterminate, HIV-1 Indeterminate, HIV-2 Indeterminate, HIV-2 Positive with HIV-1 cross reactivity, HIV Positive untypable (undifferentiated)• A negative test does not rule out exposure or infection to HIV• All results will be reported only to submitter as stated on requisition via mail or fax.
Laboratory Testing Fee	<ul style="list-style-type: none">• \$72.00 includes• HIV Antigen/Antibody EIA (\$22.00)• Geenius HIV-1/HIV-2 Supplemental Assay Test (\$50.00)
Applicable CPT Codes	<ul style="list-style-type: none">• 87389(Ag/Ab Combo EIA), 86701+86702 (HIV-1/2 Supplemental Assay for Confirmation)
Additional Information	<ul style="list-style-type: none">• Bacteriology at 207-287-1704, Virology, Respiratory, Arbovirus, and Serology at 207-287-1722• Molecular Biology, Sequencing, and Foodborne at 207-287-5769• Mycobacterium and Rabies at 207-287-1706• CT/GC at 207-287-6244