University of Colorado Hospital
Clinical Laboratory

12401 East 17th Avenue
Aurora, CO 80045

O 720.848.7088
F 720.848.7079

uchealth.org

News

Clinical Laboratory Test Update

Method Changes

- Treponema Antibodies
- HIV 1 / 2 Antibody/Antigen Screen

Effective 9/13/17, the University of Colorado Hospital Clinical Laboratory is performing Treponema Antibodies and HIV 1/2 Antibody/Antigen Screening using a different manufacturer's assays. Ordering of the tests remains the same, but please note the following information:

Treponema Antibodies	
Storage/Transport	Onsite: Deliver to lab immediately at ambient temperature. Offsite: Centrifuge within 30 minutes of collection. Transport to laboratory on cold pack.
Reference Range	Non-Reactive
Interpretive Comment for Non-Reactive results	Testing performed using the ADVIA Centaur Syphilis Immunoassay. No laboratory evidence of syphilis infection. If recent exposure is suspected, submit a new sample in 2-4 weeks and repeat this test.
Interpretive Comment for Equivocal results	Testing performed using the ADVIA Centaur Syphilis Immunoassay. Inconclusive for syphilis infection; supplemental testing of the sample is recommended. If recent exposure is suspected, submit a new sample in 2-4 weeks and repeat this test.
Interpretive Comment for Reactive results	Testing performed using the ADVIA Centaur Syphilis Immunoassay. This "Reactive" result automatically triggers a Non-Treponemal Assay (RPR) for potential confirmation of current or past syphilis infection. Clinical evaluation should be performed to identify signs, symptoms or a history of infection.
Test method	ADVIA Centaur Syphilis Immunoassay

The Treponema Antibodies test is considered a "Treponemal" test as it detects specific antibodies to *Treponema pallidum* in human serum or plasma. As with our previous method, this test is an appropriate first test in the "Reverse" algorithm for syphilis serology testing, which also identifies past infections. A nonreactive test result does not exclude the possibility of exposure to or infection with syphilis, because *T. pallidum* antibodies may be undetectable in some stages of the infection and in some clinical conditions. Samples that test reactive will automatically be reflexively tested by the rapid plasma reagin (RPR) method for confirmation and to

help determine the timing of possible infection. If the RPR test is reactive, RPR titer will be performed. Results must be interpreted in conjunction with the patient's medical history, clinical presentation, and other findings before diagnosing current infection. A pathologist in the clinical laboratory is available to assist with the interpretation of test results.

HIV 1/2 Antibody/Antigen Screen	
Storage/Transport	Onsite: Deliver to lab immediately at ambient temperature. Offsite: Centrifuge within 30 minutes of collection. Transport to laboratory on cold pack.
Reference Range	Non-Reactive
Interpretive Comment for Non-Reactive results	Testing performed using the ADVIA Centaur HIV Ag/Ab Combo Immunoassay. HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected; there is no laboratory evidence of HIV infection. If recent HIV exposure is suspected, order and collect a new sample for HIV by PCR (viral load) and/or repeat HIV 1/2 Antibody/Antigen screening in 4-6 weeks.
Interpretive Comment for Reactive results	Testing performed using the ADVIA Centaur HIV Ag/Ab Combo Immunoassay. This "Reactive" result automatically triggers additional confirmatory testing which is reported separately. Presumptive positive specimens must be investigated using appropriate supplemental testing with an HIV-1/2 antibody differentiation assay before making a diagnosis of HIV infection.
Test method	ADVIA Centaur HIV Ag/Ab Combo Immunoassay

The HIV 1/2 Antibody/Antigen Screen will be performed with the ADVIA Centaur HIV Ag/Ab Combo Assay (CHIV), which is an FDA Approved HIV Test for the detection of HIV p24 Antigen and Antibodies to Human Immunodeficiency Virus Type 1, including Group O (HIV-1 + "O") and/or Type 2 (HIV-2). The ADVIA Centaur CHIV assay is intended to be used as an aid in the diagnosis of HIV infection in pediatric and adult populations, including pregnant women. A negative test result does not exclude the possibility of exposure to or infection with HIV. HIV antibodies and/or p24 antigen may be undetectable in some stages of the infection and in some clinical conditions. Results of this assay should always be interpreted in conjunction with the patient's medical history, clinical presentation, and other findings. Reactive specimens must be followed-up with appropriate supplemental tests before making a diagnosis of HIV infection. A pathologist in the clinical laboratory is available to assist with the interpretation of test results.

Please call Gregary Bocsi, DO at 720-848-7050 if you have any questions or visit our website at https://www.uchealth.org/professionals/uch-clinical-laboratory/ for additional information.

Issued: 09/05/17