



HCV

HCV Genotyping

GA Test Code**8698**

Note: It is recommended that all patients be genotyped prior to initiating therapy. For qualitative detection plus quantitative viral load monitoring of HCV, use GA Test Code #219TQ.

Method

Reverse Transcription / DNA Amplification / Line Probe Assay

Specimens

Serum (recommended): 2.0 ml (1.0 ml), separated within 4 hours. Store refrigerated and ship on ice pack within 24 hours. If longer storage is required, freeze and ship on dry ice (stable up to 2 months).

Plasma - EDTA or ACD: 2.0 ml (1.0 ml), separated and frozen. Freshly drawn whole blood may be held at room temp for up to 6 hours or refrigerated for up to 24 hours, prior to centrifugation. After centrifugation, remove plasma from cells. Plasma specimens may be stored at room temp for up to 24 hours or refrigerated for up to 5 days. If longer storage is required, plasma specimens must be stored frozen. Ship specimen frozen on dry ice.

Plasma - PPT: 2.0 ml (1.0 ml), centrifuged, room temp or refrigerated (*do not freeze in PPT*). PPT can be stored at room temp up to 48 hours or refrigerated up to 72 hours. If longer storage is required, transfer plasma to separate tube before freezing (stable up to 2 months).

Note: If patient is monitored for therapy, subsequent specimens must be of the same type.

Causes for Rejection

Quantity not sufficient (QNS) for analysis; plasma frozen in PPT; time and/or temperature instructions not followed as specified; blood collected in heparin.

Reference Range

Genotype classifications will be reported.

Possible types: 1a, 1b, 1, 2a/2c, 2b, 2, 3a, 3b, 3, 4a, 4b, 4c/d, 4e, 4g, 4h, 5a, 6a.

Turnaround Time

3-7 days

CPT Code

87902

Description

Identification of specific HCV genotypes is determined by Reverse Transcription, DNA Amplification, and Line Probe Assay.

Clinical Utility

Prior to initiating anti-viral therapy, it is recommended that all patients be genotyped. The identification of genotype is a clinically significant factor in the management of HCV-infected individuals, particularly to determine anti-viral therapy dosage and treatment interval. The most recent updates to HCV treatment algorithms can be found at the website for the American Association for the Study of Liver Diseases (www.aasld.org).

Podzorski RP. Molecular Testing in the Diagnosis and Management of Hepatitis C Virus Infection. *Arch. Pathol. Lab. Med.*, Vol 126 March 2002.

EASL International Consensus Conference on Hepatitis C. Paris, Feb. 26-28, 1999, Consensus Statement. *Journal of Hepatology*. 30, 956-961.

Chen Z, Weck KE. Hepatitis C Virus Genotyping: Interrogation of the 5' Untranslated Region cannot accurately distinguish Genotypes 1a and 1b. *J Clin Micro*. Sept. 2002, 3127-3134.