



Change in Instrumentation: Hepatitis, HIV Screens, and Tacrolimus

Offering our clients state-of-the-art testing is part of CPL's ongoing commitment to excellence.

Effective November 11, 2019, Clinical Pathology Laboratories (CPL) will convert the current test system for Hepatitis, HIV, and Tacrolimus from the Abbott Architect to the Roche Cobas e801 and e602 platforms utilizing an electrochemiluminescent immunoassay (ECLIA) methodology. The assays and unit codes listed below will be moving. There will be no changes to unit codes associated with this conversion.

Assay	Unit Code(s)
Hepatitis A IgM	2727, 272501
Hepatitis B core IgM	4644
Hepatitis B core Total	4655, 2729, 2730
Hepatitis B surface Antibody	2737, 2738
Hepatitis B surface Antigen	2736, 2739
Hepatitis C	4557, 4651, 4675, 4677
HIV 1/2	3540
Tacrolimus	4272

As a result of this conversion, the following changes to reporting will be occurring:

- Clinical Pathology Laboratories will no longer be reporting Hepatitis C Index Values, as index values are no longer recommended by the CDC in the determination of follow-up testing. Per the updated CDC guidelines, HCV RNA is the recommended confirmatory test for HCV.

For more information visit the CDC website at <http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

- Clients may see a fewer “Equivocal” results due to increased specificity on the Roche Cobas e801/e602 platform and the absence of “Equivocal” as a reportable result for some analytes.
 - The following analytes will see fewer Equivocals due to increased sensitivity of the Roche Cobas:
 - Hepatitis A IgM
 - Hepatitis B surface Antibody
 - Hepatitis B surface Antigen
 - The following analytes will no longer report any results as “Equivocal”:
 - Hepatitis B core IgM
 - Hepatitis B core Total
 - Hepatitis C

Please contact your CPL Account Representative should you have any questions regarding this change.

Thank you for supporting Clinical Pathology Laboratories