



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Health

DIVISION OF PUBLIC HEALTH  
State Virology Laboratory

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March 7, 2025

Dear Valued Provider,

The Alaska State Virology Laboratory (ASVL) is pleased to share significant updates to our testing process, effective immediately.

**DiaSorin LIAISON® XL (random access analyzer):**

ASVL has begun use of this chemiluminescence immunoassay-based testing platform to continue serological testing for HIV 1 Ag/Ab and HIV 2 Ab (undifferentiated), hepatitis A total Ab, hepatitis A IgM Ab, hepatitis B core Ab, hepatitis B surface Ab, hepatitis B surface Ag, hepatitis C Ab, herpes simplex virus 1 and 2 Ab, and immunity testing for measles, mumps, rubella, and varicella zoster. This platform brings full automation to our laboratory and will greatly enhance turn-around-times between specimen receipt and result reporting.

The required specimen type is serum collected in serum separator tubes (gold top or tiger top) that have been **centrifuged within 2 hours of collection**. Each test differs in the minimum volume of serum required for testing. Please ensure blood collection tubes or aliquot tubes contain an adequate volume for the requested testing. Providers may store and transport specimens at 2-8 °C if arrival at ASVL or the Anchorage Public Health Lab will occur within 1 – 2 days of collection. Otherwise, serum specimens must be frozen (-20 °C or colder) after centrifugation and remain frozen during transit to either laboratory. Please ensure there are enough solidly frozen gel/ice packs with each shipment. Consult the attached quick reference guide for more information regarding specimen type, minimum required amounts, storage and shipping conditions, reportable results, and reference/normal ranges.

**Interferon Gamma Release Assay (IGRA, QuantiFERON®-TB Gold):**

This indirect test for *M. tuberculosis* infection (including disease) is now available to order from ASVL. **Please note: The only acceptable specimen type is lithium or sodium heparinized whole blood that has either been collected separately and aliquoted into the Qiagen QuantiFERON®-TB Gold Plus Collection Tubes (QFT®-Plus collection tubes ref. 622433, 622536, or 623536, 623433 for high altitude collections) OR blood that has been collected directly into the QFT®-Plus collection tubes, and appropriately incubated and centrifuged.** ASVL will not supply these collection tubes. For collection tube orders and information contact a Qiagen representative or visit [www.qiagen.com](http://www.qiagen.com). Appropriately collected and incubated plasma specimens that are stored in the centrifuged QFT®-Plus Blood Collection tubes are stable for up to 28 days at 2-8 °C prior to testing. Contact Qiagen ([www.qiagen.com](http://www.qiagen.com)) for further information regarding specimen collection and incubation.

March 10, 2025

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**Virology Test Request Form:**

The most up-to-date version of the Virology Test Request form can be found at <https://health.alaska.gov/dph/Labs/Documents/publications/Virologytestreq.pdf>. Several updates have been made to this form to include:

- New format
- Addition of Interferon Gamma Release Assay (IGRA) test option
- Update to hepatitis B available test options:
  - Hepatitis B Screen – includes HBcAb, HBsAb, and HBsAg
  - Hepatitis B Surface Antibody – can be ordered alone for immunity checks
  - Hepatitis B Surface Antigen – can be ordered alone; if reactive, automatically reflexes to HBsAg Confirmation (if necessary), HBcAb, HBcAb IgM, and HBsAb.
- Removal of the hepatitis B peri-natal panel. This panel is no longer available due to reagent manufacturer specified allowable minimum age requirements.

Please note that use of previous versions of the Virology Test Request form will cause delays in testing and receipt of test results.

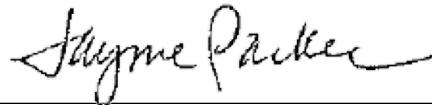
If you have any questions, feel free to contact ASVL at (907) 371-1000.

Sincerely,



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Nisha Fowler, MT (ASCP)  
Public Health Microbiologist 3  
Laboratory Manager



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Jayme Parker, HCLD(ABB), PhD, MSPH, MBB(ASCP)<sup>CM</sup>  
Health Program Manager 4, Chief  
CLIA Director



**Specimen Acceptability Criteria for Serology Testing**

	Patient		Collection/Processing		Storage Conditions		Reportable Results			Normal Value/ Reference Range
	Min. age	Specimen type	Min. volume per test*	Time at 2-8 °C	Time at ≤ -20 °C					
HAV Ab, Total	2	Serum	400	7 d	1 mo	NEGATIVE	EQUIVOCAL <sup>†</sup>	POSITIVE	Not Immune: Negative Immune: Positive	
HAV Ab, IgM	2	Serum	200	7 d	1 mo	NEGATIVE	EQUIVOCAL <sup>†</sup>	REACTIVE	Negative	
HBV Core Ab, Total	2	Serum	500	4 d	1 mo	NON-REACTIVE	---	REACTIVE	Non-Reactive	
HBV Core Ab, IgM	2	Serum	250	7 d	1 mo	NON-REACTIVE	---	REACTIVE	Non-Reactive	
HBV Surface Ab	2	Serum	500	7 d	1 mo	NEGATIVE	---	POSITIVE	Not Immune: Negative Immune: Positive	
HBV Surface Ag	2	Serum	500	7 d	1 mo	NON-REACTIVE	---	REACTIVE	Non-Reactive	
HBV Surface Ag., Confirmation	2	Serum	700	7 d	1 mo	Not confirmed (HBsAg-negative specimen); Not confirmed (interfering substance)	---	Confirmed (HBsAg-positive specimen)	Not confirmed (HBsAg-negative specimen)	
HCV Ab	2	Serum	25	7 d	1 mo	NON-REACTIVE	---	REACTIVE	Non-Reactive	
HCV Viral load	2	Serum	1000	5 d	1 mo	NOT DETECTED	INDETERMINATE; INVALID	DETECTED	Not Detected	
HIV 1/2 Screen	2	Serum	750	7 d	1 mo	NON-REACTIVE	---	REACTIVE	Non-Reactive	
HIV 1/2 Confirmation	2	Serum	10	7 d	1 mo	HIV NEGATIVE	HIV-1 INDETERMINATE; HIV-2 INDETERMINATE; HIV INDETERMINATE	HIV-1 POSITIVE; HIV-2 POSITIVE; HIV-2 POSITIVE with HIV-1 cross-reactivity; HIV POSITIVE Untypable	Negative	
HSV 1/2 Ab, IgG	22	Serum	200	7 d	1 mo	NEGATIVE	EQUIVOCAL <sup>§</sup>	POSITIVE	Negative	
Measles Ab, IgG	2	Serum	200	9 d	1 mo	NEGATIVE	EQUIVOCAL <sup>¶</sup>	POSITIVE	Not Immune: Negative Immune: Positive	
Mumps Ab, IgG	2	Serum	200	9 d	1 mo	NEGATIVE	EQUIVOCAL <sup>¶</sup>	POSITIVE	Not Immune: Negative Immune: Positive	
Rubella Ab, IgG	2	Serum	200	7 d	1 mo	NEGATIVE	EQUIVOCAL <sup>¶</sup>	POSITIVE	Not Immune: Negative Immune: Positive	
VZV Ab, IgG	2	Serum	200	7 d	1 mo	NEGATIVE	EQUIVOCAL <sup>¶</sup>	POSITIVE	Not Immune: Negative Immune: Positive	
QuantiFERON®-TB Gold Plus	18	Li Heparin Plasma; Na Heparin Plasma	1000 whole blood per tube	28 d	1 mo	NEGATIVE	INDETERMINATE	POSITIVE	Negative	

\* Listed volumes include serum needed for potential repeat testing.

† Result is accompanied by the comment "The testing system was unable to clearly demonstrate a reactive or negative result. Please submit a new specimen in no less than 2 to 4 weeks."

‡ Result is accompanied by the comment "The testing system was unable to clearly demonstrate a reactive or negative result. Please submit a new specimen in no less than 1 to 2 weeks."

§ Result is accompanied by the comment "Recollection is recommended in no less than 1-2 weeks."

¶ Result is accompanied by the comment "Recollection is recommended in no less than 4-6 weeks."