Hepatitis B-Viral Load (PCR) (HBVVL)

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Date & Time of Export: 02 June 2026 16:54

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TEST OVERVIEW

Test Name	Hepatitis B-Viral Load (PCR)
Test Code	HBVVL
Short Description	Hepatitis B-Viral Load (PCR)

OVERVIEW

Test Name	Hepatitis B-Viral Load (PCR)
Test Code	HBVVL
Category	Molecular biology
TAT	Main Lab: 60, 3 Hour(s), Day(s) Family Site: 3 Days
Specimen(s)	1 x Venous blood - 5 mL Tube - Gold - SST-Serum Separator Tube 1 x - - 5 mL Tube - Lavender - EDTA Whole Blood 1 x - - 5 mL Tube - Lavender - EDTA Plasma

SPECIMEN(S)

SST-Serum Separator Tube

Specimen Type	SST-Serum Separator Tube
Specimen Format	Tube
Specimen Colour	Gold
Specimen Volume	5 mL
Sampling Order	2
Origin	Venous blood
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	EDTA Plasma

	Serum SST-Serum Separator Tube
TAT	Main Lab: 60, 3 Hour(s), Day(s) Family Site: 3 Days
Test Stability	Room Temp: 24 Hour(s) 2–8°C: 72 Hour(s)

EDTA Whole Blood

Specimen Type	EDTA Whole Blood
Specimen Format	Tube
Specimen Colour	Lavender
Specimen Volume	5 mL
Sampling Order	4
Origin	-
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	EDTA Plasma Serum SST-Serum Separator Tube
TAT	Main Lab: 60, 3 Hour(s), Day(s) Family Site: 3 Days
Test Stability	Room Temp: 24 Hour(s) 2–8°C: 72 Hour(s)

EDTA Plasma

Specimen Type	EDTA Plasma
Specimen Format	Tube
Specimen Colour	Lavender
Specimen Volume	5 mL
Sampling Order	4
Origin	-
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	EDTA Plasma Serum SST-Serum Separator Tube
TAT	Main Lab: 60, 3 Hour(s), Day(s) Family Site: 3 Days
Test Stability	Room Temp: 24 Hour(s) 2–8°C: 72 Hour(s)

CLINICAL INFORMATION

Hepatitis B-DNA quantification

Methodology	-
Specimen Type	SST-Serum Separator Tube EDTA Whole Blood EDTA Plasma
Delay before pre-treatment	24
Transport Temperature	15-25°C
Transport Stability at room temp	24 Hours
Transport Stability at 2–8°C	72 Hours
Haemolysis interference	No

Clinical Interest

The **hepatitis B virus (HBV)** viral load is the amount of hepatitis B virus (HBV) DNA present in the blood.

A high viral load indicates active replication of the virus and ongoing infection. This differentiates between an active infection and an inactive carrier state, where the virus is present but not replicating.

The decision to initiate antiviral treatment is often based on a combination of viral load, liver enzyme levels (ALAT/ASAT) and the stage of liver fibrosis. A high viral load associated with elevated transaminases and/or significant fibrosis often warrants the initiation of treatment.

After initiation of antiviral treatment, the viral load is measured regularly to assess the efficacy of the treatment. A rapid and significant reduction in viral load is a sign of a good response to treatment.

An increase in viral load in a patient undergoing treatment may indicate the emergence of viral resistance to the antiviral treatment, necessitating therapeutic adjustment.

After antiviral treatment has been discontinued, the viral load should be monitored to detect any resumption of viral replication, a sign of a relapse necessitating retreatment.

PATIENT INFORMATION

Clinical Information Required	-
Patient Collection Notes	-

COMMENTS & NOTES

LOINC Code	3618-5, 103618-5
Outwork	No