September 10, 2012

To: Chiefs of Service, Attending Physicians, Housestaff, Nurses and Other Concerned Personnel

From: Barbara Haller, MD, PhD
Division Chief, Microbiology

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Re: A New High-Resolution Genotype Assay for Hepatitis C Virus (HCV)

Beginning September 11, 2012, SFGH Clinical Laboratory is offering a new high-resolution HCV genotype assay that will be available as a send out test to ARUP.

Background:

1. In 2011, our reference laboratory, ARUP, determined that their HCV genotype assay could not accurately distinguish genotype 1a from genotype 1b. At that time ARUP began reporting “genotype 1a OR 1b” with this assay. As a solution, they developed a new “high resolution” assay based on sequencing two HCV genomic regions (Core and NS5) that distinguishes genotypes 1-6 and subtypes.

2. The HCV genotype assay that identifies genotypes 1-6, but does not distinguish 1a from 1b, will still be available. It is suggested that the new High-Resolution HCV Genotype assay, which is significantly more expensive, be used for patients where distinguishing genotype 1a from 1b is clinically important; i.e., in patients who will be treated with new drugs, such as protease inhibitors.

Important information about the new High-Resolution HCV Genotyping Assay:

1. For each patient, collect a 5 mL PPT-EDTA pearl-top tube.

2. Specimens must be received in the Clinical Laboratory within 4 hours after collection.

3. If “HCV genotype” is written on the Blood/Serum Clinical Laboratory requisition, the current standard-resolution assay that does not distinguish genotypes 1a and 1b will be sent out.

4. If “HCV, High-Resolution Genotype” is written on the Blood/Serum Clinical Laboratory requisition, the new assay that distinguishes genotype 1a from 1b will be sent out.

5. **NOTE:** The new HCV genotyping assay may be unsuccessful if the HCV RNA viral load is less than 2500 IU/mL, or 3.4 log IU/mL.

For questions or concerns, please contact Dr. Barbara Haller (206-3595) or Dr. Eberhard Fiebig (206-8588).