

Reporting Title: HTLV -1/-2 Ab Confirmation, CSF
Performing Location: Rochester

Ordering Guidance:
This confirmatory assay should be ordered only on spinal fluid specimens that are consistently reactive by an antihuman T-cell lymphotropic virus 1 and 2 (HTLV-1/-2) screening immunoassay. For an evaluation that includes both screening and confirmation, order HTLVC / Human T-Cell Lymphotropic Virus Types 1 and 2 (HTLV-1/-2) Antibody Screen with Confirmation, Spinal Fluid.

For testing serum specimens, order HTLVL / Human T-Cell Lymphotropic Virus Types I and II (HTLV-I/-II) Antibody Confirmation, Serum.

Necessary Information:
Date of collection is required.

Specimen Requirements:
Collection Container/Tube: Sterile vial
Specimen Volume: 0.5 mL

Forms:
If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Frozen (preferred)	30 days	
	Refrigerated	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
604935	HTLV-1/-2 Ab Confirmation, CSF	Alphanumeric		93745-8
604945	HTLV-1/-2 Bands	Alphanumeric		93743-3
604946	HTLV-1/-2 Discrimination	Alphanumeric		93742-5

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:
86689

Test Definition: HTLLC

Human T-Cell Lymphotropic Virus Types 1 and
2 (HTLV-1/-2) Antibody Confirmation, Spinal
Fluid

Reference Values:
Negative