

**Reporting Title:** HTLV-I/-II Ab Confirmation, S  
**Performing Location:** Rochester

**Ordering Guidance:**  
This confirmatory assay should be ordered only on serum specimens that are consistently reactive by an antihuman T-cell lymphotropic virus 1 and 2 (anti-HTLV-I/-II) screening immunoassay. For an evaluation that includes screening and confirmation, order HTLVI / Human T-Cell Lymphotropic Virus Types I and II Antibody Screen with Confirmation, Serum.

For testing spinal fluid specimens, order HTLLC / Human T-Cell Lymphotropic Virus Types 1 and 2 (HTLV-1/-2) Antibody Confirmation, Spinal Fluid.

**Necessary Information:**  
Date of collection is required.

**Specimen Requirements:**  
**Collection Container/Tube:** Serum gel  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.5 mL  
**Collection Instructions:**

- 1. Centrifuge blood collection tube per collection tube manufacturer's instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).
- 2. Aliquot serum into plastic vial.

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

Specimen Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)		
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
83277	HTLV-I/-II Ab Confirmation, S	Alphanumeric		22362-8
23898	HTLV-I/-II Bands	Alphanumeric		61112-9
23899	HTLV-I/-II Discrimination	Alphanumeric		77744-1

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

**Supplemental Report:**  
No

CPT Code Information:

86689

Reference Values:

Negative