

Reporting Title: HTLV-1/-2 Ab Screen, CSF**Performing Location:** Rochester**Ordering Guidance:**

This test is for cerebrospinal fluid specimens only. For serum specimens, order HTLVI / Human T-Cell Lymphotropic Virus Types I and II Antibody Screen with Confirmation, Serum.

Necessary Information:

Date of collection is required.

Specimen Requirements:

Collection Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions: Submit spinal fluid specimen from collection vial 1.

Specimen Minimum Volume:

0.6 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®
604934	HTLV-1/-2 Ab Screen, CSF	Alphanumeric		22361-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86790
86689 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HTLLC	HTLV -1/-2 Ab Confirmation, CSF			No	Yes

Result Codes for Reflex Tests:

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

Reference Values:

Negative