

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

Specimen Minimum Volume:

0.2 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

Reference Values:

Negative