

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.

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
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