



Reporting Title: HTLV-I/-II Ab Screen, S

Performing Location: Rochester

Ordering Guidance:

This test is for serum specimens only. For spinal fluid specimens, order HTLVC / Human T-Cell Lymphotropic Virus Types 1 and 2 (HTLV-1/-2) Antibody Screen with Confirmation, Spinal Fluid.

Necessary Information:

Date of collection is required.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

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

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
Serum	Frozen (preferred)	28 days	
	Refrigerated	7 days	



Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
9539	HTLV-I/-II Ab Screen, S	Alphanumeric		29901-6

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
HTLVL	HTLV-I/-II Ab Confirmation, S			No	Yes

Result Codes for Reflex Tests:

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

Reference Values:

Negative