

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 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