

**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 Type	Temperature	Time	Special Container
Serum SST	Frozen (preferred)	0 hours	
	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