

**HTLV I/II Antibody, Reflexed to Confirmation**

Order Name: **HTLV-I/II**  
Test Number: **3535875**  
Revision Date: **12/12/2022**

| TEST NAME                 | METHODOLOGY        | LOINC CODE |
|---------------------------|--------------------|------------|
| HTLV I/II Antibody Screen | Enzyme Immunoassay | 29901-6    |

| SPECIMEN REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                    |                       |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|-----------------------|
| Specimen              | Specimen Volume (min)                                                                                                                                                                                                                                                                                                                                                                                      | Specimen Type | Specimen Container                 | Transport Environment |
| Preferred             | 2mL (1.5 mL)                                                                                                                                                                                                                                                                                                                                                                                               | Serum         | Clot Activator (SST or Red No-Gel) | Refrigerated          |
| Alternate 1           | 2mL (1.5 mL)                                                                                                                                                                                                                                                                                                                                                                                               | Plasma        | EDTA (Lavender Top)                | Refrigerated          |
| Instructions          | <p><b>Specimen Type:</b> Red-top tube, gel-barrier tube, or lavender-top (EDTA) tube</p> <p><b>Specimen Storage:</b> Refrigerated.</p> <p><b>Specimen Collection:</b> Centrifuge sample to separate serum or plasma. For non-gel-barrier tubes, transfer serum or plasma to a transport tube.</p> <p><b>Specimen Stability:</b> Ambient: Not Available, Refrigerated for 14 days or Frozen six months.</p> |               |                                    |                       |

| GENERAL INFORMATION |                                                                                                                      |                              |         |             |                    |
|---------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------|---------|-------------|--------------------|
| Expected TAT        | 2-4 Days                                                                                                             |                              |         |             |                    |
| Notes               |                                                                                                                      |                              |         |             |                    |
|                     | REFLEX ORDER CODE                                                                                                    | REFLEX NAME                  | LOINC   | RESULT CODE | RESULT LONG NAME   |
|                     | 5194470                                                                                                              | .Reflex HTLV-I/II Immunoblot | 6432-9  | 5194471     | HTLV-I Immunoblot  |
|                     |                                                                                                                      |                              | 26656-9 | 5194472     | HTLV-II Immunoblot |
| CPT Code(s)         | 86790                                                                                                                |                              |         |             |                    |
| Service Provided By |  <b>labcorp</b><br>Oklahoma, Inc. |                              |         |             |                    |