



HTLV I/II Ab, Western Blot CSF

Order Name: **HTLV I/II Ab WBt CSF**
Test Number: 5197284
Revision Date: 02/02/2026

TEST NAME	METHODOLOGY	LOINC CODE
HTLV I/II Ab, Western Blot CSF		16982-1

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment				
Preferred	1 mL (0.5 mL)	CSF (Cerebrospinal Fluid)	Sterile Screwtop Container	Frozen				
Instructions	<i>Tis is for Ascension Local Area Hospitals Only</i>							
Specimen: 1mL (0.5mL) CSF (Cerebrospinal Fluid) - Frozen								
Stability Requirements: Room temperature Unacceptable, Refrigerated 1 week, Frozen Indefinitely (Avoid repeated Freeze/thaw cycles)								
Cause for Rejection: Specimens containing particulate material.								

GENERAL INFORMATION

Expected TAT 8-21 Days

CPT Code(s) 86689

Service Provided By

