


HTLV I/II Ab, Western Blot CSF

Order Name: **HTLV I/II Ab WBIt 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	<p><i>Tis is for Ascension Local Area Hospitals Only</i></p> <p>Specimen: 1mL (0.5mL) CSF (Cerebrospinal Fluid) - Frozen</p> <p>Stability Requirements: Room temperature Unacceptable, Refrigerated 1 week, Frozen Indefinitely (Avoid repeated Freeze/thaw cycles)</p> <p>Cause for Rejection: Specimens containing particulate material.</p>			

GENERAL INFORMATION	
Expected TAT	8-21 Days
CPT Code(s)	86689
Service Provided By	 labcorp Oklahoma, Inc.