HTLV I/II Ab, Western Blot CSF

Order Name: **HTLV I/II Ab WBlt 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

Tis is for Ascension Local Area Hospitals Only

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
Performing Labcorp Test Code	828821
CPT Code(s)	86689
Lab Section	Reference Lab