

## HTLV I/II Requisition: PCR, Serology & Viral Load



### National Laboratory for HIV Reference Services (NLHRS)

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For NLHRS

**Please refer to the NLHRS specimens submission guidelines**

### Submitter Information

Name of Lab:

**Contact/email  
for Final Report:**

City:

Province:

Postal Code:

Telephone:

Shipper's name:

Shipper's signature: \_\_\_\_\_

### Specimen Information

Specimen Ref #:

Date Collected (dd-mm-yyyy):

☐ Whole Blood (EDTA)

Plasma

Serum

Other specimen (specify & contact NLHRS in advance)

### Patient Information

Name-Code:

Date of Birth (dd-mm-yyyy):

Sex: M F

Has this patient been tested previously at NLHRS?

(if yes provide submitter code and/or NML#)

No Yes:

### HTLV Test Requested

Complete Algorithm - PCR & INNO-LIA (EDTA)

Single test - INNO-LIA (plasma/serum)

### Viral load

HTLV-I DNA Quantitation (EDTA)

### Test Results / Clinical History

S/Co Results:

### Risk Factors

- |  |  |
|--|--|
| <input type="checkbox"/> Baby of HIV positive mother   | <input type="checkbox"/> MSM                   |
| <input type="checkbox"/> Breastfed/Breastfeeding   | <input type="checkbox"/> Multiple sex partners |
| <input type="checkbox"/> Pregnancy   | <input type="checkbox"/> Unprotected sex       |
| <input type="checkbox"/> HIV positive sex partner  | <input type="checkbox"/> Intravenous drug user |
| <input type="checkbox"/> Endemic country of origin   | <input type="checkbox"/> Workplace exposure    |
| <input type="checkbox"/> Donor/Recipient/Transplant  | <input type="checkbox"/> Immunocompromised     |
| <input type="checkbox"/> T-cell lymphoma/leukemia  | <input type="checkbox"/> STI                   |
| <input type="checkbox"/> HAM/TSP (HTLV-I associated myelopathy/Tropical Spastic paraparesis) |  |

Other (specify):