

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



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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: _____

HTLV Test Requested

PCR (EDTA)

☐ HTLV I/II PCR

Serology (plasma/serum)

☐ HTLV Confirmation

Viral load

☐ HTLV-I DNA Quantitation (EDTA)

Test Results / Clinical History

S/Co Results:

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:

Risk Factors

☐ Baby of HIV positive mother

☐ MSM

☐ Breastfed/Breastfeeding

☐ Multiple sex partners

☐ Pregnancy

☐ Unprotected sex

☐ HIV positive sex partner

☐ Intravenous drug user

☐ Endemic country of origin

☐ Workplace exposure

☐ Donor/Recipient/Transplant

☐ Immunocompromised

☐ T-cell lymphoma/leukemia

☐ STI

☐ HAM/TSP (HTLV-I associated myelopathy/Tropical Spastic paraparesis)

☐ Other (specify):