

# 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

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:

## 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*):