

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*):