

**California Department of Public Health – Viral and Rickettsial Disease Laboratory**  
**Submittal Form for HTLV-I and HTLV-II (HUMAN T-LYMPHOTROPIC Virus type I and II) ANTIBODY Tests**

Patient Name or Specimen ID.#	Date Collected	Date Received	State Lab #
If a prior specimen was sent to us for testing, please enter the previous State Lab # or Patient I.D.#		<input type="checkbox"/> Serum <input type="checkbox"/>	<input type="checkbox"/> Blood <input type="checkbox"/> Plasma <input type="checkbox"/>

**RESULTS of STATE LABORATORY TESTS**

Enzyme Immunoassay (EIA)	Immunofluorescence (IFA) (1:10 dilution)	
	HTLV-I	HTLV-II
Average Ratio _____ using _____ kit.	<input type="checkbox"/> Nonreactive <input type="checkbox"/> Reactive at 1:_____	<input type="checkbox"/> Nonreactive <input type="checkbox"/> Reactive at 1: _____
	<b>HTLV-_____</b>	<i>by IFA typing</i>
Ratio = Specimen Optical Density / Cutoff Optical Density Ratio of 1 or greater is REACTIVE Ratio of less than 1 is NONREACTIVE	<input type="checkbox"/> Nonspecific/ Unsatisfactory	<input type="checkbox"/> Nonspecific/ Unsatisfactory

**SUPPLEMENTAL TESTS PERFORMED**

(Unless prior arrangements are made, supplemental tests are performed only when State EIA and IFA tests disagree.)

Western blot (1:100 dilution)	RIPA	
HTLV-I	HTLV-I	HTLV-II
<input type="checkbox"/> Nonreactive Reactive Bands <input type="checkbox"/> p19 <input type="checkbox"/> p24 <input type="checkbox"/> p28 <input type="checkbox"/> p36 <input type="checkbox"/> gp46 <input type="checkbox"/> p21e <input type="checkbox"/> p53	<input type="checkbox"/> Nonreactive Reactive Bands <input type="checkbox"/> p24 <input type="checkbox"/> p28 <input type="checkbox"/> p40x <input type="checkbox"/> p51 <input type="checkbox"/> p53 <input type="checkbox"/> gp68	<input type="checkbox"/> Nonreactive Reactive Bands <input type="checkbox"/> gp21 <input type="checkbox"/> p24 <input type="checkbox"/> p38x <input type="checkbox"/> p53 <input type="checkbox"/> gp67

**OVERALL INTERPRETATION of STATE LABORATORY TEST RESULTS**

<input type="checkbox"/> Antibody Not Detected <input type="checkbox"/> Antibody Detected <input type="checkbox"/> Inconclusive - See Enclosed Note <input type="checkbox"/> See Enclosed Note	Laboratory Results Consistent with: <input type="checkbox"/> HTLV-I infection <input type="checkbox"/> HTLV-II infection <input type="checkbox"/> HTLV-I / II infection (not typed)
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Date Reported

Type or Print Submitter's Complete Address

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