

Varicella-Zoster AB, IGM, Serum

Order Name: **VZVIGM**
Revision Date: 07/20/2015

TEST NAME		METHODOLOGY		LOINC CODE
Varicella-Zoster AB, IGM, Serum				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.2 mL)	Serum	Serum Gel Tube	Refrigerated
Alternate 1	0.5 mL (0.2 mL)	Serum	Red Top	Refrigerated
Instructions	<div>Collect blood and allow to clot for 30 minutes.</div> <div>Centrifuge, aliquot serum, and store refrigerated.</div> <div>STABILITY:</div> <div>Refrigerated (preferred): 14 days</div> <div>Frozen: 14 days</div> <div>REJECT DUE TO:</div> <div>Gross Hemolysis</div> <div>Gross Lipemia</div> <div>Heat-inactivated specimen</div>			
Reference Range	Negative (reported as positive or negative)			
Methodology	Immunofluorescence Assay (IFA)			

GENERAL INFORMATION	
Testing Schedule	Monday through Friday
Expected TAT	1 - 3 days
Clinical Use	A positive IgM result indicates a recent infection with varicella-zoster virus (VZV).
CPT Code(s)	86787
Lab Section	NRLS-Mayo Medical Laboratories