

## Varicella Zoster Virus Antibody IgG and IgM

Order Name: **VZV Ab G/M**  
Test Number: 5565101  
Revision Date: 10/23/2017

TEST NAME	METHODOLOGY	LOINC CODE
Varicella Zoster Virus Antibody IgM	Indirect Fluorescent Antibody	21597-0
Varicella Zoster Virus Antibody IgG		

### SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	<b>1mL (0.5mL)</b>	<b>Serum</b>	<b>Clot Activator SST</b>	<b>Refrigerated or Frozen</b>
Instructions	Allow specimen to clot completely at room temperature. <b>Separate serum or plasma from cells ASAP or within 2 hours of collection.</b> Stability After separation from cells: Ambient 4hours, Refrigerated 7 days, Frozen 1 month (avoid repeated freeze/thaw cycles).			

### GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	1-2 Days
CPT Code(s)	86787x2
Lab Section	Immunology - Serology