

Varicella Zoster Antibody IgG

Order Name: **VZVIGG**
Revision Date: 04/01/2013

TEST NAME	METHODOLOGY	LOINC CODE
Varicella Zoster Antibody IgG		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Alternate 1	5 mL Whole blood (1.5 mL Whole Blood)	Serum	Serum Gel Tube	Refrigerated
Alternate 2	5 mL Whole blood (1.5 mL Whole Blood)	Serum	Red Top	Refrigerated
Instructions	Collect whole blood in gold top or red top tube. Note: Label tube with patient's first and last name, date of birth, date/time of collection, and collector's initials.			
Reference Range	Negative - indicates patient with undetectable Varicella IgG. (Patients with a current primary infection of Varicella may not begin producing measurable IgG until several days after infection)			
Methodology	Enzyme Linked Fluorescent Antibody			

GENERAL INFORMATION	
Testing Schedule	Monday, Wednesday, Friday
Expected TAT	1-3 days
Stat TAT	Not performed Stat
CPT Code(s)	86787
Lab Section	NRLS-Core Serology