

Varicella Zoster Virus Antibody IgM

Order Name: **VAR M ZOS**
Test Number: **5567500**
Revision Date: **10/23/2017**

TEST NAME	METHODOLOGY	LOINC CODE
Varicella Zoster Virus Antibody IgM	<u>Indirect Fluorescent Antibody</u>	21597-0

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.25mL)	Serum	Clot Activator SST	Refrigerated
Instructions	Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. 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	3 Days
CPT Code(s)	86787
Service Provided By	 labcorp Oklahoma, Inc.