


**Varicella Zoster Virus Antibody IgG**

Order Name: **VZV Ab IgG**  
Test Number: **5567451**  
Revision Date: 10/30/2019

TEST NAME	METHODOLOGY	LOINC CODE
VZV IgG Antibody	<u>Chemiluminescence Assay</u>	5403-1
VZV IgG Antibody Interpretation		15410-4

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (mL)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.25 mL)	Serum	Clot Activator SST	Refrigerated or Frozen
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-Sat
Expected TAT	1-2 Days
Clinical Use	The IgG serology for Varicella Zoster virus will provide evidence of immunity from vaccination or past infection
CPT Code(s)	86787
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.