

**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
<u>Varicella Zoster Virus Antibody IgM</u>	<u>Indirect Fluorescent Antibody</u>	21597-0
<u>Varicella Zoster Virus Antibody IgG</u>		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
<b>Preferred</b>	<b>1mL (0.5mL)</b>	<b>Serum</b>	<b>Clot Activator SST</b>	<b>Refrigerated or Frozen</b>
<b>Instructions</b>	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	
<b>Testing Schedule</b>	Mon-Fri
<b>Expected TAT</b>	1-2 Days
<b>CPT Code(s)</b>	86787x2
<b>Service Provided By</b>	 <b>labcorp</b> Oklahoma, Inc.