


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 | Chemiluminescence Assay | 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. 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-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 |  labcorp Oklahoma, Inc. |