

**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
Preferred	1mL (0.5mL)	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-Fri
Expected TAT	1-2 Days
CPT Code(s)	86787x2
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.