

**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	<b>1mL (0.5mL)</b>	<b>Serum</b>	<b>Clot Activator SST</b>	<b>Refrigerated or Frozen</b>
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.