Varicella-Zoster Virus Antibody, IgG, CSF

Order Name: **VZV Ab IgG CSF**
Test Number: 5194534
Revision Date: 02/02/2026

TEST NAME	METHODOLOGY	LOINC CODE
Varicella-Zoster Virus Antibody, IgG, CSF	Semi-Quantitative Chemiluminescent Immunoassay	58755-0

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**0.5 mL (0.3 mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

Instructions

This is for Ascension Local Area Hospitals Only

Specimen: CSF 0.5 mL (Minimum Volume: 0.3 mL Note: This volume does NOT allow for repeat testing).
Container: CSF (Cerebrospinal Fluid) or Sterile Screwtop container
Storage Instructions: Refrigerate Stability: Room temperature up to 8 hours Refrigerate 2 weeks Frozen 1 year
Cause for Rejection: Contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.

GENERAL INFORMATION

Expected TAT	4-6 Days
CPT Code(s)	86787
Service Provided By	labcorp Oklahoma, Inc.