

# **Test Definition: FVZGC**

Varicella-Zoster Virus Antibody, IgG, CSF

## Overview

## Method Name

Semi-Quantitative Chemiluminescent Immunoassay

#### NY State Available

No

Specimen

Specimen Type CSF

## **Specimen Required**

Specimen Type: Spinal fluid (CSF)
Container/Tube: Sterile plastic container
Specimen Volume: 0.5 mL
Collection Instructions:
1. Collect 0.5 mL CSF in sterile plastic container.
2. Ship refrigerated.

## Specimen Minimum Volume

0.3 mL

## **Reject Due To**

Hemolysis	Reject
Specimens	Reject
other than CSF	
Contaminated	
or	
heat-inactivate	
d specimens	
Xanthochromic	
specimens	
(yellow color)	

## Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	14 days	



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Frozen 365 days			
	Frozen	362 davs	

# **Clinical & Interpretive**

## **Reference Values**

0.99 S/CO or less: Negative - No significant level of detectable varicella-zoster IgG antibody.

1.00 S/CO or greater: Positive - IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.

#### Interpretation

The detection of antibodies to varicella-zoster in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

## Performance

PDF Report No

Day(s) Performed Sunday through Saturday

**Report Available** 3 to 5 days

**Performing Laboratory Location** ARUP Laboratories

## Fees & Codes

#### Fees

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

## **Test Classification**

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.



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# **CPT Code Information**

86787

## LOINC<sup>®</sup> Information

Test ID	Test Order Name	Order LOINC <sup>®</sup> Value
FVZGC	VZV Antibody IgG CSF	104459-3
Result ID	Test Result Name	Result LOINC <sup>®</sup> Value
Z4272	VZV Antibody IgG CSF	104459-3