

**Reporting Title:** Herpes Simplex Virus, PCR, CSF**Performing Location:** Rochester**Specimen Requirements:****Supplies:** Aliquot Tube, 5 mL (T465)**Container/Tube:** Aliquot tube (12- x 75-mm screw cap vial: T465)**Specimen Volume:** 0.2 mL**Collection Instructions:** Do not centrifuge or heat-inactivate.**Additional Information:**

1. The high sensitivity of amplification by PCR requires the specimen to be processed in an environment in which contamination of the specimen by herpes simplex virus DNA is not likely.
2. Specimens that are received with less than the minimum volume required for all testing requested will be canceled.

**Forms:**

If not ordering electronically, complete, print, and send a [Microbiology Test Request](#) (T244) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	7 days	
	Frozen	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
36858	HSV 1 PCR, C	Alphanumeric		16952-4
36859	HSV 2 PCR, C	Alphanumeric		16960-7

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87529 x 2

**Reference Values:**

Negative