

**Overview****Method Name**

Semi-Quantitative Chemiluminescent Immunoassay

**NY State Available**

No

**Specimen****Specimen Type**

CSF

**Specimen Required**

Collect 0.5 mL CSF in sterile plastic container and ship refrigerate.

**Specimen Minimum Volume**

0.3 mL

**Reject Due To**

Hemolysis	Mild reject; Gross reject
Lipemia	NA
Icterus	NA
Other	Specimens other than CSF. Contaminated or heat-inactivated specimens, or xanthochromic specimens (yellow color).

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	14 days	
	Frozen	365 days	

**Clinical and Interpretive****Reference Values**

134.9 IV or less: Negative - No significant level of IgG antibody to varicella-zoster virus detected.

135.0 - 164.9 IV: Equivocal - Repeat testing in 10 - 14 days may be helpful.

165.0 IV or greater: Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.

**Interpretation**

The detection of antibodies to varicella-zoster in CSF 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) and Time(s) Test Performed

Sunday through Saturday

### Analytic Time

1 day

### Maximum Laboratory Time

3 - 5 days

### Performing Laboratory Location

ARUP Laboratories

## Fees and Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

### Test Classification

This test was developed and its performance characteristics determined by ARUP Laboratories. The U. S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

### CPT Code Information

86787

### LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FVZGC	VZV Antibody IgG CSF	58755-0

Result ID	Test Result Name	Result LOINC Value
Z4272	VZV Antibody IgG CSF	58755-0