

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 | |
|--------|----------|--|
|--------|----------|--|

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 <u>Customer Service</u>.

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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104459-3

CPT Code Information

86787

Z4272

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|-----------|----------------------|---------------------|
| FVZGC | VZV Antibody IgG CSF | 104459-3 |
| | | |
| Result ID | Test Result Name | Result LOINC® Value |

VZV Antibody IgG CSF