

**TEST CHANGE** 

Varicella-Zoster Virus Antibody, IgG

0050167, VZE

Specimen Requirements:

**Patient Preparation:** 

Collect: Serum separator tube (SST).

Specimen Preparation: Allow specimen to clot completely at room temperature.

Separate from cells ASAP or within 2 hours of collection.

Transfer 1 mL serum an ARUP standard transport tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent

Effective Date: April 21, 2025

specimens must be received within 30 days from receipt of the

acute specimens.

Transport Temperature: Refrigerated.

Unacceptable Conditions: Contaminated, heat-inactivated, grossly hemolyzed, lipemic, or

severely icteric specimens.

Remarks: Label specimens plainly as acute or convalescent.

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2

weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Methodology: Semi-Quantitative Chemiluminescent Immunoassay

Performed: Sun-Sat

Reported: Within 24 hours

Note: For CSF specimens, refer to Varicella-Zoster Virus Antibody,

IgG, CSF (ARUP test code 0054444).

CPT Codes: 86787

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

Reference Interval:

Effective October 7, 2024

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



>=1.<u>00</u>0 S/CO: Positive - IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.

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HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.