TEST CHANGE

Varicella-Zoster Virus Antibody, IgG, CSF

0054444, VZECSF

Specimen Requirements:	
Patient Preparation:	
Collect:	CSF.
Specimen Preparation:	Transfer 0.5 mL CSF to an ARUP standard transport tube. Standard Transport Tube. (Min: 0.3 mL)
Transport Temperature:	Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions:	Contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.
Remarks:	
Stability:	Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year
Methodology:	Semi-Quantitative Chemiluminescent Immunoassay
Performed:	Sun-Sat
Reported:	Within 24 hours
Note:	
CPT Codes:	86787
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

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.

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.

Reference Interval:

Effective October 7, 2024February 18, 2020

0134.9 S/COIV 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.	
1~~165~~.0 S/CO ~~IV~~ or greater	Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.	

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

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