
Reporting Title: Herpes Simplex Virus, PCR, Varies**Performing Location:** Rochester**Ordering Guidance:**

If herpes simplex virus (HSV) is suspected in blood, order HSVPB / Herpes Simplex Virus (HSV), Molecular Detection, PCR, Blood.

If HSV is suspected in cerebrospinal fluid, order HSVC / Herpes Simplex Virus (HSV), Molecular Detection, PCR, Spinal Fluid.

If varicella-zoster virus is suspected, order VZVPV / Varicella-Zoster Virus, Molecular Detection, PCR, Varies.

Necessary Information:**Specimen source is required.****Specimen Requirements:****Submit only 1 of the following specimens:****Specimen Type:** Body fluid**Sources:** Pleural, peritoneal, ascites, pericardial, amniotic, or ocular**Container/Tube:** Sterile container**Specimen Volume:** 0.5 mL**Collection Instructions:** Do not centrifuge.**Specimen Type:** Swab**Sources:** Genital, dermal, ocular, nasal, throat, or oral**Supplies:** M4-RT (T605)**Container/Tube:** Multimicrobe media (M4-RT)**Specimen Volume:** Entire collection**Collection Instructions:** Place swab back into multimicrobe media (M4-RT)**Additional Information:** Source information must include main anatomical site of collection.**Specimen Type:** Respiratory**Sources:** Bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, or tracheal aspirate**Container/Tube:** Sterile container**Specimen Volume:** 1.5 mL**Specimen Type:** Tissue**Sources:** Brain, colon, kidney, liver, lung, etc**Supplies:** M4-RT (T605)**Container/Tube:** Sterile container containing 1 mL to 2 mL of sterile saline or multimicrobe medium (M4-RT)**Specimen Volume:** Entire collection**Collection Instructions:** Submit only fresh tissue.**Additional Information:** Source information should include main anatomical site of collection.

Test Definition: HSVPV

Herpes Simplex Virus (HSV), Molecular
Detection, PCR, Varies

Specimen Type: Urine (<1-month old infant)
Container/Tube: Sterile container
Specimen Volume: 0.5 mL

Forms:
If not ordering electronically, complete, print, and send 1 of the following:
[-Microbiology Test Request](#) (T244)
[-General Request](#) (T239)

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
HSVPPV	HSVS	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HSVS	Specimen Source	Alphanumeric		31208-2
618328	HSV 1, PCR	Alphanumeric		94581-6
618329	HSV 2, PCR	Alphanumeric		94582-4

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:
87529 x 2
87529 (if appropriate for government payers)

Reference Values:
HERPES SIMPLEX VIRUS (HSV)-1
Negative

HERPES SIMPLEX VIRUS (HSV)-2
Negative