



# 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 other than CSF Contaminated or heat-inactivated specimens Xanthochromic specimens (yellow color)	Reject

### Specimen Stability Information

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

	Frozen	365 days	
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## 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 [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 account representative. For assistance, contact [Customer Service](#).

### 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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**CPT Code Information**

86787

**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
Z4272	VZV Antibody IgG CSF	104459-3