MAYO CLINIC LABORATORIES

Test Definition: VZPG

Varicella-Zoster Antibody, IgG, Serum

Reporting Title: Varicella-Zoster Ab, IgG, S
Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 0.5 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.4 mL

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
-General Request (T239)
-Infectious Disease Serology Test Request (T916)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
VZG	Varicella-Zoster Ab, IgG, S	Alphanumeric		15410-4
DEXG4	Varicella IgG Antibody Index	Numeric		5403-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86787

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Reference Values:

Vaccinated: Positive (> or =1.1 AI)
Unvaccinated: Negative (< or =0.8 AI)
Reference values apply to all ages.