

Reporting Title: VZV Antibody IgG CSF**Performing Location:** ARUP Laboratories**Specimen Requirements:**

Collect 0.5 mL CSF in sterile plastic container and ship refrigerate.

Specimen Minimum Volume:

0.3 mL

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	14 days	
	Frozen	365 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z4272	VZV Antibody IgG CSF	Alphanumeric		58755-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86787

Reference Values:

134.9 IV 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.

165.0 IV or greater: Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.