
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.

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

Specimen Minimum Volume:

Amniotic or ocular fluid: 0.4 mL; Sterile body fluid (Pleural, peritoneal, ascites, pericardial): 0.5 mL; Respiratory Specimen: 1 mL; Swab, tissue, or urine: See Specimen Required

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