
Reporting Title: Varicella-Zoster Virus, PCR, Varies**Performing Location:** Rochester**Necessary Information:**

Specimen source is required.

Specimen Requirements:

Submit only 1 of the following specimens:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Specimen Type: Body fluid

Sources: Spinal, 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: Miscellaneous; dermal, eye, nasal, or throat

Supplies:

-Culturette (BBL Culture Swab) (T092)

-M4-RT (T605)

Container/Tube: Multimicrobe media (M4-RT) and ESswabs

Collection Instructions: Place swab back into multimicrobe media (M4-RT, M4, or M5).

Specimen Type: Genital Swab

Sources: Cervix, vagina, urethra, anal/rectal, or other genital sources

Supplies:

-Culturette (BBL Culture Swab) (T092)

-M4-RT (T605)

Container/Tube: Multimicrobe media (M4-RT) (T605) and ESswabs

Collection Instructions: Place swab back into multimicrobe media (M4-RT, M4, or M5).

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:

Preferred: Multimicrobe media (M4-RT)

Acceptable: Sterile container with 1 to 2 mL of sterile saline

Specimen Volume: Entire collection

Collection Instructions: Submit only fresh tissue in a sterile container containing 1 mL to 2 mL of sterile saline or multimicrobe medium (M4-RT, M4, or M5)

Specimen Minimum Volume:

Ocular Fluid and Spinal Fluid: 0.3 mL

Body Fluid (pleural, peritoneal, ascites, and pericardial): See Specimen Required

Respiratory Specimens: 1 mL

Tissue: 2 x 2 mm biopsy

Forms:

If not ordering electronically, complete, print, and send a Microbiology Test Request (T244) with the specimen.

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
VZVPV	VZVS	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
VZVS	Specimen Source	Alphanumeric		31208-2
618332	Varicella-Zoster Virus PCR	Alphanumeric		94584-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87798

Reference Values:

Negative

Reference values apply to all ages.