

## Varicella Zoster Virus Antibody IgM

Order Name: **VAR M ZOS**

Test Number: 5567500

Revision Date: 10/23/2017

TEST NAME	METHODOLOGY	LOINC CODE
Varicella Zoster Virus Antibody IgM	Indirect Fluorescent Antibody	21597-0

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.25mL)	Serum	Clot Activator SST	Refrigerated
Instructions	Allow specimen to clot completely at room temperature. <b>Separate serum or plasma from cells ASAP or within 2 hours of collection.</b> Stability After separation from cells: Ambient 4hours, Refrigerated 7 days, Frozen 1 month (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION	
Testing Schedule	Mon-Fri
Expected TAT	3 Days
CPT Code(s)	86787
Lab Section	Immunology - Serology