Test Definition: VDER

Herpes Simplex Virus (HSV) and Varicella-Zoster Virus (VZV), Molecular Detection, PCR, Dermal

Reporting Title: HSV and VZV PCR, Dermal
Performing Location: Rochester

Specimen Requirements:

Forms: If not ordering electronically, submit a Microbiology Request Form (Supply T244) with the specimen.

Specimen source is required.

Submit only 1 of the following specimens:

Preferred:
Specimen Type: Swab
Sources:
Preferred: Lesion and dermal specimen
Acceptable: Anal/rectal, genital, eye/ocular, urethral
Container/Tube: Culture transport swab
Specimen Volume: Swab
Collection Instructions: Place swab back into swab cylinder.

Acceptable:
Specimen Type: Amniotic fluid
Container/Tube: Amniotic fluid container
Specimen Volume: 0.5 mL

Specimen Type: Body fluid or spinal fluid
Container/Tube: Sterile container
Specimen Volume: 0.5 mL

Specimen Type: Respiratory specimen (upper/lower)
Container/Tube: Sterile container
Specimen Volume: 1 mL

Specimen Type: Tissue
Container/Tube: Sterile container
Specimen Volume: Entire collection
Collection Instructions: Collect fresh tissue specimen.

Specimen Type	Temperature	Time
Varies	Refrigerated (preferred)	7 days
	Frozen	7 days

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
VDER	SRC75	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SRC75	Specimen Source	Alphanumeric		31208-2
82048	Result	Alphanumeric		33027-4
21085	Special Information	Alphanumeric		48767-8
21086	Report Status	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Varicella-Zoster by PCR	1	87798		
Billing only	Herpes Simplex Virus	1	87529		

Reference Values:

Not applicable