

Reporting Title: HSV and VZV, PCR

Performing Location: New England

Specimen Requirements:

Specimen source is required.

Submit only 1 of the following specimens:

Specimen Type: Swab

Sources: Genital, dermal, eye, throat

Container/Tube: BBL CultureSwab (Supply T092)

Specimen Volume: Swab

Collection Instructions: Place swab back into swab cylinder.

Specimen Type: Spinal fluid

Container/Tube: Sterile vial

Specimen Volume: 0.5 mL

Collection Instructions: Do not centrifuge.

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
LCHSV	SS010	Specimen Source	Plain Text	Yes
LCVZV	SS012	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SS010	Specimen Source Also used by tests: LCHSV	Alphanumeric		31208-2
34638	HSV 1, PCR Also used by tests: LCHSV	Alphanumeric		16130-7

Result ID	Reporting Name	Type	Unit	LOINC®
34639	HSV 2, PCR Also used by tests: LCHSV	Alphanumeric		16131-5
34640	HSV type Indeterminate, PCR Also used by tests: LCHSV	Alphanumeric		5014-6
SS012	Specimen Source Also used by tests: LCVZV, HHV6V	Alphanumeric		31208-2
36047	Varicella-Zoster Virus PCR	Alphanumeric		In Process

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
LCHSV	Herpes Simplex Virus PCR	1	87529	Yes	Yes
LCVZV	Varicella-Zoster Virus PCR	1	87798	Yes	Yes

Reference Values:

HERPES SIMPLEX VIRUS PCR
Negative

VARICELLA-ZOSTER VIRUS PCR
Negative