

Test Definition: LVZV

Varicella-Zoster Virus, Molecular Detection, PCR

Reporting Title: Varicella-Zoster Virus PCR

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:

Specimen Type: Fluid

Sources: Spinal, body, amniotic, ocular Container/Tube: Sterile container Specimen Volume: 0.5 mL

Collection Instructions: Do not centrifuge.

Specimen Type: Miscellaneous Sources: Dermal, eye, nasal, throat

Container/Tube: BBL CultureSwab (Supply T092)

Specimen Volume: Swab

Collection Instructions: Place swab back into swab cylinder.

Specimen Type: Genital

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

Container/Tube: BBL CultureSwab (Supply T092)

Specimen Volume: Swab

Collection Instructions: Place swab back into swab cylinder.

Specimen Type: Respiratory

Sources: Bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, tracheal aspirate

Container/Tube: Sterile container

Specimen Volume: 1.5 mL

Specimen Type: Tissue

Sources: Brain, colon, kidney, liver, lung, etc.

Container/Tube: Sterile container with 1 to 2 mL of sterile saline or multi-microbe medium (M5) (Supply T484)

Specimen Volume: Entire collection

Collection Instructions: Submit only fresh tissue.

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

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Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
LVZV	SRC70	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
SRC70	Specimen Source	Alphanumeric		31208-2
36046	Varicella-Zoster Virus PCR	Alphanumeric		In Process

CPT Code: 1 × 87798

Reference Values:

Negative