Florida HEALTH
Bureau of Public Health Laboratories

Test Menu

TOPIC	DESCRIPTION
Test Name	Varicella zoster virus (VZV), IgM
Other Name (s)	VZV IgM
Analyte(s)	varicella zoster (VZV)
Test Code	1760
Lab location	Jacksonville location
Department	Virology
Prior Authorization	-Requires prior approval from Regional Epidemiology and notification to the testing lab. Contact local County Health Department to start the process for approval.
Required Forms	-Test Requisition Form, DH1847. Medical History needed (i.e., onset date, collection date, travel history and symptoms).
Specimen Sources	Freshly drawn serum.
Supplemental Information- Special Specimen Preparation	N/A
Minimum Volume	Collect 3-5 mL of blood
Storage Conditions	Store at room temperature ≤ 8 hours. May be stored between 2-8°C for a maximum of seven days, including the time for shipping and lab receipt.
Collection Media	Vacutainer (red stopper) or serum-separator tube (tiger/red - topped tube)
Specimen Labeling	-Specimen must be labeled with at least two unique patient identifiers, Ex: Name and DOB. -The collection date and time if submitting multiple specimens. **-Information on the specimen must match the requisition.**
Packaging and Shipping Instructions and Handling	-Specimens must be shipped between 2-8°C or frozen (≤-20°C) on dry ice. - Separate multiple specimens into different bags (preferred).
Test Methodology	Serology (i.e., ELISA)
Turnaround Time	1 - 5 days
Result Indicator	Positive, Negative, or Equivocal
Unsatisfactory Specimen	- Unlabeled or mislabeled specimens, insufficient quantity for testing, incorrect collection tube/transport media, grossly contaminated specimen, disparity between ID on sample and paperwork, improper collection, storage or transport of specimen, no test requested, test requested is not performed. If required, the absence of patient history. If required, the lack of patient history that is compatible with test requested. Test order cancelled by provider, broken, or leaked in transit, etc.
Interferences and Limitations	Interpret test results for anti-VZV in conjunction with the clinical evaluation and the results of other diagnostic procedures. This assay is not intended for use for blood donor populations.
Additional Information & Notes	Requires prior approval from CHD and notification to the testing lab.
Reference Range	N/A
Reference Lab	N/A
Reflex testing	N/A