

Test Menu

TOPIC	DESCRIPTION
Test Name	Varicella zoster virus (VZV), PCR
Other Name (s)	VZV PCR, Real-time PCR, nucleic acid amplification testing (NAAT).
Analyte(s)	varicella zoster (VZV)
Test Code	0920
Lab location	Jacksonville and Tampa locations
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, symptoms).
Specimen Sources	Vesicular swab (Dacron) or roof/crust of vesicle
Supplemental Information- Special Specimen	N/A
Preparation	
Minimum Volume	1 Swab. Do not use transport media .
Storage Conditions	Do not refrigerate or freeze.
Collection Media	Vesicular swab (Dacron) or roof/crust of vesicle in a sterile container without
	media or preservative. Do not use transport media .
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.
Declaring and Chinaina Instructions and Headline	-Information on the specimen must match the requisition.
Packaging and Shipping Instructions and Handling	Ship swabs or scabs (with no transport media) at 15-25°C without ice packs. Separate multiple specimens into different bags (preferred).
Test Methodology	real-time polymerase chain reaction (PCR) assay
Turnaround Time	3 - 5 days
Result Indicator	VZV detected or no virus detected.
Unsatisfactory Specimen	Unlabeled or mislabeled specimens, insufficient quantity for testing,
onsatisfactory specimen	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	
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Additional Information 9 Notes	·
Additional Information & Notes	Requires prior approval from CHD and notification to the testing lab.
Reference Range	N/A
Reference Lab	CDC if needed
Reflex testing	N/A