

Varicella-Zoster Virus Antibody, IgG, CSF

Order Name: **VZV Ab IgG CSF**

Test Number: 5194534

Revision Date: 02/02/2026

TEST NAME	METHODOLOGY	LOINC CODE
Varicella-Zoster Virus Antibody, IgG, CSF	Semi-Quantitative Chemiluminescent Immunoassay	58755-0

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.3 mL)	CSF (Cerebrospinal Fluid)	Sterile Screwtop Container	Refrigerated
Instructions	<i>This is for Ascension Local Area Hospitals Only</i> Specimen: CSF 0.5 mL (Minimum Volume: 0.3 mL Note: This volume does NOT allow for repeat testing). Container: CSF (Cerebrospinal Fluid) or Sterile Screwtop container Storage Instructions: Refrigerate Stability: Room temperature up to 8 hours Refrigerate 2 weeks Frozen 1 year Cause for Rejection: Contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens.			

GENERAL INFORMATION	
Expected TAT	4-6 Days
Performing Labcorp Test Code	828733
CPT Code(s)	86787
Lab Section	Reference Lab