



IDAHO DEPARTMENT OF HEALTH & WELFARE  
**DIVISION OF PUBLIC HEALTH**

Test Title	<b>Varicella Zoster Virus IgG Antibody Detection</b> <b>Methodology: Enzyme Immunoassay</b>
<b>Sample Requirements</b>	<ol style="list-style-type: none"><li>1. Sample type(s): acute phase serum or paired sera (0.5 mL)</li><li>2. Rejection criteria: Icteric, lipemic, hemolyzed or heat inactivated serum; test should be performed on serum only—the use of whole blood, cord blood or plasma has not been established</li></ol>
<b>Sampling Materials</b>	<ol style="list-style-type: none"><li>1. Sample container: serum collected in an SST tube or transferred to transport vial</li><li>2. Serum is the only acceptable specimen for use with this assay. No anticoagulants or preservatives should be added.</li></ol>
<b>Procedural Notes</b>	<ol style="list-style-type: none"><li>1. <a href="#">Clinical Test Request Form</a> and <a href="#">Client Billing Form</a> (if applicable)</li><li>2. CPT code: 86787</li></ol>
<b>Shipping Instructions</b>	<ol style="list-style-type: none"><li>1. Temperature/preservative instructions: room temperature or refrigerated</li><li>2. Package according to Biological Substance, Category B, shipping guidelines.</li><li>3. Ship to: Idaho Bureau of Laboratories <b>ATTENTION: Serology Laboratory</b> 2220 Old Penitentiary Rd Boise, ID 83712</li></ol>
<b>Reporting and Turnaround Time (TAT)</b>	<ol style="list-style-type: none"><li>1. TAT: within 7 business days</li><li>2. Reference range: N/A</li></ol>