

Varicella zoster IgG Antibody

Test Description	Qualitative assay for the detection of IgG antibody to varicella zoster virus (VZV) in human serum
Test Use	Determination of prior exposure to VZV; to determine varicella immune status.
Test Department	Virology Phone: (860) 920-6662, FAX: (860) 920-6661
Methodology	Indirect Enzyme Immunoassay (EIA)
Availability	Test is performed weekly
Specimen Requirements	1 mL serum
Collection Kit/Container	To obtain a collection kit, refer to Collection Kit Ordering Information.
Collection Instructions	Standard venipuncture
Specimen Handling & Transport	Store serum at 2-8° C. Specimens should be received within 48 hours of collection. Transport with an ice pack coolant (preferable) or at ambient temperature. Avoid temperature extremes.
Unacceptable Conditions	Unlabeled specimen Specimens that have leaked or containers that have broken in transit Hemolyzed, lipemic, or icteric serum Grossly contaminated serum
Requisition Form	Clinical Test Requisition (select Varicella zoster IgG)
Required Information	Name and address of submitter (and/or Horizon profile #) Patient name or identifier, date of birth, town of residence (city, state, zip) Specimen type or source of collection, test requested, date of collection Please ensure patient name on the requisition matches that on the specimen.
Additional Comments	A positive result indicates prior exposure to VZV. The magnitude of the reported IgG level cannot be correlated to an endpoint titer and is not indicative of the total amount of antibody present.

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