
Lab Dept: Microbiology/Virology

Test Name: VARICELLA ZOSTER (VZV) PCR,
MISCELLANEOUS SITES

General Information

Lab Order Codes: VZVC

Synonyms: VZV PCR, Miscellaneous Sites; VZV Molecular Detection PCR

CPT Codes: 87798 – Infectious agent detection by nucleic acid, not otherwise specified, amplified probe technique

Test Includes: Varicella zoster reported as negative or VZV DNA detected. Applies to the following specimen types: Body or ocular fluid; dermal or eye; genital; respiratory; spinal fluid; Tissue

Logistics

Test Indications: This test offers rapid (qualitative) detection of VZV DNA in CSF specimens.

Varicella-zoster virus (VZV) causes both varicella (chickenpox) and herpes zoster (shingles). VZV produces a generalized vesicular rash on the dermis (chickenpox) in normal children, usually before the age of 10 years. After primary infection with VZV, the virus persists in latent form and may emerge (usually in adults age 50 years and older) clinically to cause a unilateral vesicular eruption, generally in a dermatomal distribution (shingles).

Lab Testing Sections: Serology - Sendouts

Referred to: Mayo Medical Laboratories (MML Test: LVZV)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 1 - 3 days, performed Monday - Saturday

Special Instructions: Specimen must be collected under sterile conditions.

Specimen

Specimen Type: Body or ocular fluid; Dermal or eye; Genital (cervix, rectum, urethra, vagina, other genital site); Respiratory (bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, tracheal aspirate); Fluids (Spinal, pleural, peritoneal, ascites, pericardial, amniotic, or ocular); Tissue (brain, liver, lung, etc)

Container: Body or ocular fluid: Sterile container
Dermal or eye: Culture transport swab
Genital: Culture transport swab
Respiratory: Sterile container
Fluids: Sterile container
Tissue: Sterile container with 1-2 mL of sterile saline or multi-microbe medium (M5)

Draw Volume: Body or ocular fluid: 0.5 mL
Respiratory: 1.5 mL
Fluids: 0.5 mL
Tissue: Entire collection, submit only fresh tissue (Minimum: 2x2 mm biopsy)

Collection: Routine collection specific to specimen type

Special Processing: Lab Staff:
Fluids: Aliquot 0.5 mL (Minimum: 0.3 mL) fluid into a sterile container, store and ship at refrigerated temperatures.
Dermal/eye/genital: Culture transport swab should be stored and shipped at refrigerated temperatures.
Respiratory: Aliquot 1.5 mL (Minimum: 1 mL) respiratory specimen into a sterile container, store and ship at refrigerated temperatures.
Tissue: Place entire collection of fresh tissue into 1 to 1 mL saline or M5 in sterile container. Store and ship at refrigerated temperatures.

Forward promptly

Patient Preparation: None

Sample Rejection: Room temperature specimens; mislabeled or unlabeled specimens; calcium alginate-tipped swab, wood swab, or transport swab containing gel; formalin-fixed and/or paraffin-embedded tissues

Interpretive

Reference Range: Negative

Detection of varicella-zoster virus DNA in clinical specimens supports the clinical diagnosis of infection due to this virus.

Critical Values: N/A

Limitations:

A negative result does not exclude the possibility of varicella-zoster virus (VZV) infection.

The reference range is typically “negative” for this assay. This assay is only to be used for patients with a clinical history and symptoms consistent with VZV infection, and must be interpreted in the context of the clinical picture. This test is not used to screen asymptomatic patients.

Methodology:

Real-Time Polymerase Chain Reaction (PCR) DNA Probe Hybridization

References:

[Mayo Medical Laboratories](#) January 2018

Updates:

3/6/2013: Title change and expansion to other specimen types, previously only spinal fluid.

1/26/2018: Expanded list of acceptable fluid types