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**Lab Dept:** Microbiology/Virology

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

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***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

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***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.

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***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 in VTM 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

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### ***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

10/31/2019: Updated dermal/eye/genital swabs to be sent in VTM on a temporary basis for specimen comparison saves.