

## Varicella IgM Antibody

| Synonyms                       |   |
|--------------------------------|---|
| Clinical Indication            | Please give detailed clinical information including date of onset /contact with the suspected infection.  |
|                                | This test should only be requested in exceptional circumstances as has limited clinical value. VZV DNA PCR is preferred for swabs, CSF and blood samples. |
| Part of Profile / See Also     | Detection of IgM antibodies to varicella zoster virus.  |
| Request Form                   | Microbiology or combined Pathology manual request form or ICE request   |
| Availability / Frequency of    | Referred test: Analysed at PHE Cambridge, Addenbrookes.   |
| Analysis                       | On request during normal working hours  |
| Turnaround Time                | 7 - 10 days   |
| Patient Preparation            |   |
| Sample Requirements            |   |
| Specimen Type                  | Serum   |
| Volume                         | 7 ml  |
| Container                      | Yellow Top (SST) tube   |
|                                | Paediatric Yellow Top (SST) tube  |
|                                | Samples should be transported to laboratory as soon as possible.  |
| Reference Range & Units        |   |
| Interferences                  |   |
| Interpretation & Clinical      | Reference Lab comments to be added to final report.   |
| Decision Value (if applicable) |   |
| References                     |   |
| Test code                      |   |
| Lab Handling                   | Aliquot and store at 4°C. Sent to the reference laboratory as soon as possible.   |