



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

<b>Test Title</b>	<b>Varicella Zoster Virus Detection In Clinical Samples</b> <b>Methodology: Culture, Direct Fluorescent Antibody</b>
<b>Sample Requirements</b>	<ol style="list-style-type: none"><li>1. Sample type(s): roof of lesion in a sterile container, scraping or swab from base of lesion or vesicular fluid in viral transport medium, primary viral isolate in tissue culture</li><li>2. Rejection criteria: wood swab and calcium alginate swabs are not acceptable</li></ol>
<b>Sampling Materials</b>	<ol style="list-style-type: none"><li>1. Sample container: viral transport media container</li></ol>
<b>Procedural Notes</b>	<ol style="list-style-type: none"><li>1. <a href="#">Virology/Serology Test Request Form</a> and <a href="#">Client Billing Form</a> (if applicable)</li><li>2. CPT Code: 87252 (Culture), 87290 (ID)</li></ol>
<b>Shipping Instructions</b>	<ol style="list-style-type: none"><li>1. Temperature/preservative instructions: clinical sample at refrigeration temperature and primary Isolate at room temperature</li><li>2. Package according to Biological Substance, Category B, shipping guidelines.</li><li>3. Ship to: Idaho Bureau of Laboratories <b>ATTENTION: Virology 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: 14 business days to confirm negative culture</li><li>2. Reference range:</li></ol>