

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 5/31/2001  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Mycoplasma pneumoniae Antibody, IgM**

ARUP test code 0050398

Mycoplasma Pneumoniae Antibody IgM

**1.13 U/L H (Ref Interval: <=0.76)**

INTERPRETIVE INFORMATION: Mycoplasma pneumoniae Ab, IgM  
0.76 U/L or less ..... Negative: No clinically significant amount of M. pneumoniae IgM antibody detected.  
0.77 - 0.95 U/L ..... Low Positive: M. pneumoniae-specific IgM presumptively detected. Collection of a follow-up sample in 1-2 weeks is recommended to assure reactivity.  
0.96 U/L or greater ..... Positive: Highly significant amount of M. pneumoniae-specific IgM antibody detected. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Mycoplasma Pneumoniae Antibody IgM	24-050-121949	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at: