

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 1/29/2001
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

TORCH Antibodies, IgM

ARUP test code 0050665

Toxoplasma gondii Ab, IgM

<3.0 AU/mL (Ref Interval: <=7.9)

INTERPRETIVE INFORMATION: Toxoplasma Ab, IgM

7.9 AU/mL or less Not Detected.

8.0-9.9 AU/mL Indeterminate - Repeat testing in 10-14 days may be helpful.

10.0 AU/mL or greater. Detected - Significant level of Toxoplasma gondii IgM antibody detected and may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

This test is performed using the DiaSorin LIAISON. As suggested by the CDC, any indeterminate or detected Toxoplasma gondii IgM result should be retested in parallel with a specimen collected 1-3 weeks later. Further confirmation may be necessary using a different test from another reference laboratory specializing in toxoplasmosis testing where an IgM ELISA should be ordered. Caution should be exercised in the use of IgM antibody levels in prenatal screening. Any Toxoplasma gondii IgM in pregnant patients that have also been confirmed by a second reference laboratory should be evaluated by amniocentesis and PCR testing for Toxoplasma gondii.

For male and non-pregnant female patients with indeterminate or detected Toxoplasma gondii IgM results, PCR may also be useful if a specimen can be collected from an affected body site.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

For additional information, refer to the CDC website: www.cdc.gov/parasites/toxoplasmosis/health_professionals/index.html.

The magnitude of the measured result is not indicative of the amount of antibody present.

Rubella Antibody IgM

<10.0 AU/mL (Ref Interval: <=19.9)

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

INTERPRETIVE INFORMATION: Rubella Ab, IgM

19.9 AU/mL or less..... Not Detected
 20.0-24.9 AU/mL..... Indeterminate-Repeat testing
 in 10-14 days may be helpful.
 25.0 AU/mL or greater..... Detected-IgM antibody to
 Rubella detected which may
 indicate a current or recent
 infection or immunization.

Testing immediately post-exposure is of no value without a later convalescent specimen. While the presence of IgM antibodies suggest current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

The magnitude of the measured result is not indicative of the amount of antibody present.

CMV Antibody IgM

<8.0 AU/mL (Ref Interval: <=29.9)

INTERPRETIVE INFORMATION: Cytomegalovirus Antibody, IgM

29.9 AU/mL or Less Not Detected
 30.0-34.9 AU/mL..... Indeterminate-Repeat testing
 in 10-14 days may be helpful.
 35.0 AU/mL or Greater Detected-IgM antibody to CMV
 detected which may indicate a
 current or recent infection.
 However, low levels of IgM
 antibodies may occasionally
 persist for more than 12
 months post-infection.

CMV serology is not useful for the evaluation of active or reactivated infection in immunocompromised patients. Molecular diagnostic tests (i.e. PCR) are preferred in these cases.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

HSV 1 and/or 2 Abs, IgM by ELISA

0.65 IV (Ref Interval: <=0.89)

INTERPRETIVE INFORMATION: Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM by ELISA

0.89 IV or Less Not Detected
 0.90 - 1.09 IV Indeterminate- Repeat testing in
 10-14 days may be helpful.
 1.10 IV or Greater Detected-IgM antibody to HSV
 detected, which may indicate a
 current or recent infection.
 However, low levels of IgM
 antibodies may occasionally
 persist for more than 12
 months post-infection.

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

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Toxoplasma gondii Ab, IgM	21-064-401847	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Rubella Antibody IgM	21-064-401847	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CMV Antibody IgM	21-064-401847	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
HSV 1 and/or 2 Abs, IgM by ELISA	21-064-401847	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:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 21-064-401847
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 3 of 3 | Printed: 3/19/2021 11:55:52 AM
4848