

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

Physician: Doctor, Example

**Patient: Patient, Example**  
**DOB** 7/10/1965  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Toxoplasma gondii Antibody, IgG**  
ARUP test code 0050770

Toxoplasma gondii Ab, IgG

<3.0 IU/mL (Ref Interval: <=8.8)  
INTERPRETIVE INFORMATION: Toxoplasma Ab, IgG  
  
7.1 IU/mL or less..... Not Detected  
7.2-8.7 IU/mL ..... Indeterminate-Repeat testing in 10-14 days may be helpful.  
8.8 IU/mL or greater ... Detected  
  
The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.  
  
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).  
  
The magnitude of the measured result is not indicative of the amount of antibody present.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Toxoplasma gondii Ab, IgG	24-179-112598	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