

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 6/14/1986
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

3.2 IU/mL

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	22-157-116129	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: