

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

Physician: Doctor, Example

**Patient: Patient, Example** 

**DOB** 5/29/1930 **Gender:** Female

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD **Collection Date:** 00/00/0000 00:00

## Toxoplasma gondii by PCR

ARUP test code 0055591

Toxoplasma gondii Source

Ocular Fluid

Toxoplasma gondii by PCR

Detected

INTERPRETIVE INFORMATION: Toxoplasma gondii by PCR

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Toxoplasma gondii Source	23-153-400536	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Toxoplasma gondii by PCR	23-153-400536	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

4848