

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

Physician: Doctor, Example

Patient: Patient, Example

DOB 12/31/1985

Male Gender:

Patient Identifiers: 01234567890ABCD, 012345

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

TORCH Antibodies IgM

ARUP test code 3017749

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 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.ht mΊ.

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

Indeterminate-Repeat testing 20.0-24.9 AU/mL.... 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 persist for more than 12

months post-infection.

A negative result does not rule out primary infection, please correlate clinically. 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).

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Toxoplasma gondii Ab, IgM	24-235-108268	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Rubella Antibody IgM	24-235-108268	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CMV Antibody IgM	24-235-108268	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

Patient: Patient, Example ARUP Accession: 24-235-108268 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 2 of 2 | Printed: 8/22/2024 12:23:44 PM

4848