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|-------------------------|---------------|------------------------|------------------------|----------------------|--------------|
| Specimen Number | Patient ID | Control Number | Account Number | Account Phone Number | Route |
| Patient Last Name | | | Account Address | | |
| Patient First Name | | Patient Middle Name | | | |
| Patient SS# | Patient Phone | Total Volume | | | |
| Age (Y/M/D) | Date of Birth | Sex | Fasting | | |
| Patient Address | | | Additional Information | | |
| Date and Time Collected | Date Entered | Date and Time Reported | Physician Name | NPI | Physician ID |

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|------------------------------|--|--|--|--|--|
| Tests Ordered | | | | | |
| Mycoplasma pneu. IgG/IgM Abs | | | | | |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|-------|--------|------|-------|--------------------|-----|
|-------|--------|------|-------|--------------------|-----|

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|-------------------------------------|---|--|----------------|-----------|----|
| Mycoplasma pneu. IgG/IgM Abs | | | | | |
| M pneumoniae IgG Abs | <100 | | U/mL | 0 - 99 | 01 |
| | | | Negative: | <100 | |
| | | | Indeterminate: | 100 - 320 | |
| | | | Positive: | >320 | |
| | The reference interval established is intended as a baseline only. Values >100 may indicate a recent infection with Mycoplasma pneumoniae and need to be confirmed either by a positive IgM result and/or an additional specimen drawn 2-4 weeks later showing a significant increase in antibody levels. | | | | |
| M pneumoniae IgM Abs | <770 | | U/mL | 0 - 769 | 01 |
| | | | Negative | <770 | |
| | Clinically significant amount of M. pneumoniae antibody not detected. | | | | |
| | | | Low Positive | 770 - 950 | |
| | M. pneumoniae specific IgM presumptively detected. It is recommended that another sample be collected 1-2 weeks later to assure reactivity. | | | | |
| | | | Positive | >950 | |
| | Highly significant amount of M. pneumoniae specific IgM antibody detected. | | | | |

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