



Patient Information	Specimen Information	Client Information	
DOB: AGE: Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:		
Test Name	In Range Out Of R	ange Reference Range L	ab

Test Name TOXOPLASMA ANTIBODY (IGG)	In Range	Out Of Range Refe	rence Range L	<b>Lab</b> MI
Service of the Control of the Contro		IU/mL	Interpretatio	n
		<7.20 7.20-8.79 >8.79	Negative Equivocal Positive	

## **PERFORMING SITE:**

MI QUEST DIAGNOSTICS-MIAMI, 10200 COMMERCE PARKWAY, MIRAMAR, FL 33025-3938 Laboratory Director: GLEN L. HORTIN MD PHD, CLIA: 10D0277334