

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician



Ordered Items: **Toxoplasma gondii Ab, IgG; Drawing Fee**

Date Collected:	Date Received:	Date Reported:	Fasting: No
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Toxoplasma gondii Ab, IgG

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Toxoplasma gondii Ab,IgG ⁰¹	<3.0		IU/mL	0.0-7.1
		Negative	<7.2	
		Equivocal	7.2 - 8.7	
		Positive	>8.7	

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

▲ Out of reference range ■ Critical or Alert

Performing Labs

01: CB - LabCorp Dublin 6370 Wilcox Road, Dublin, OH, 43016-1269 Dir: Vincent Ricchiuti, PhD
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-282-7300

Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH,
44141
Phone:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: