DOB:

# **Patient Report**

labcorp

Patient ID: Age: Specimen ID: Sex:

Ordering Physician:

# Ordered Items: Toxoplasma gondii Ab, IgM; Venipuncture

Date Collected:	Date Received:	Date Reported:	Fasting: <b>No</b>

# Toxoplasma gondii Ab, IgM

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval	
Toxoplasma gondii Ab,IgM <sup>01</sup>	<3.0		AU/mL	0.0-7.9	
		Negative	<8.0		
		Equivocal	8.0 - 9.9		
		Positive	>9.9		
Comment: 01					
	It is presumed the patient has not been infected with and is not undergoing an acute infection with Toxoplasma. If symptoms persist, submit a new specimen after three weeks.				

#### **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**

### **Performing Labs**

Date of Birth:

Patient ID:

01: BN - LabCorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 858-668-3700

**Patient Details Physician Details** 

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, Phone:

44141

Age: Phone: Sex:

Physician ID: Alternate Patient ID: NPI:

**Specimen Details** Specimen ID: Control ID:

Alternate Control Number:

**Date Collected:** Date Received: Date Entered: Date Reported:

Rte:

labcorp Final Report Page 1 of 1 **Date Created and Stored**