LabCorp
Laboratory Corporation of America

hone:

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

Tests Ordered
Toxoplasma gondii Ab, IgG, Qn; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Toxoplasma gondii Ab, IgG, Qn					
Toxoplasma gondii Ab,IgG,Qn	5.9		IU/mL	0.0 - 5.9	01
			Negative	<6.0	
			Equivocal	6.0 - 7.9	
			Positive	>7.9	

FINAL REPORT

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