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**PATIENT REPORT**

Patient Age/Sex: 22 years Male

**Specimen Collected: 5/12/2025 00:01 MDT**

**Toxoplasma Antibodies, IgG and IgM** | **Received: 5/12/2025 11:55 MDT** | **Report/Verified: 5/12/2025 11:56 MDT**

| Procedure | Result | Units | Reference Interval |
|---|---|---|---|
| Toxoplasma gondii Ab,IgG | **7.2** H i1 | IU/mL | [<=7.1] |
| Toxoplasma gondii Ab,IgM | **8.0** H i2 | AU/mL | [<=7.9] |

## Test Information

i1: Toxoplasma gondii Ab, IgG

INTERPRETIVE INFORMATION: Toxoplasma Ab, IgG

7.1 IU/mL or less..... Not Detected
7.2-8.7 IU/mL ..... Indeterminate-Repeat testing in 10-14 days may be helpful.
8.8 IU/mL or greater ... Detected

The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

The magnitude of the measured result is not indicative of the amount of antibody present.

i2: Toxoplasma gondii Ab, IgM

INTERPRETIVE INFORMATION: Toxoplasma Ab, IgM

7.9 AU/mL or less .... Not Detected.

8.0-9.9 AU/mL ..... Indeterminate - Repeat testing in 10-14 days may be helpful.

10.0 AU/mL or greater. Detected - Significant level of Toxoplasma gondii IgM antibody detected and may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

This test is performed using the DiaSorin LIAISON. As suggested by the CDC, any indeterminate or detected Toxoplasma gondii IgM result should be retested in parallel with a specimen collected 1-3 weeks later. Further confirmation may be necessary using a different test from another reference laboratory specializing in toxoplasmosis testing where an IgM ELISA should be ordered. Caution should be

## Test Information

i2: Toxoplasma gondii Ab, IgM

exercised in the use of IgM antibody levels in prenatal screening. Any Toxoplasma gondii IgM in pregnant patients that have also been confirmed by a second reference laboratory should be evaluated by amniocentesis and PCR testing for Toxoplasma gondii.

For male and non-pregnant female patients with indeterminate or detected Toxoplasma gondii IgM results, PCR may also be useful if a specimen can be collected from an affected body site.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

For additional information, refer to the CDC website: www.cdc.gov/parasites/toxoplasmosis/health_professionals/index.html.

The magnitude of the measured result is not indicative of the amount of antibody present.