

Specimen Collected: 5/12/2025 00:01 MDT**TORCH Antibodies, IgG****|Received:** 5/12/2025 11:55 MDT**Report/Verified:** 5/12/2025 11:58 MDT

Procedure	Result	Units	Reference Interval
Toxoplasma gondii Ab,IgG	7.2 ^{H i1}	IU/mL	[<=7.1]
Rubella Antibody IgG	9.0 ^{H i2}	IU/mL	[<=8.9]
CMV Antibody IgG	0.60 ^{H i3}	U/mL	[<=0.59]
HSV Type 1/2 Combined Ab,IgG	0.90 ^{H i4}	IV	[<=0.89]

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: Rubella Antibody IgG

INTERPRETIVE INFORMATION: Rubella Antibody, IgG

Less than 9 IU/mL Not Detected

9 - 9.9 IU/mL Indeterminate-Repeat testing in
10-14 days may be helpful.

10 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.

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

i3: CMV Antibody IgG

INTERPRETIVE INFORMATION: Cytomegalovirus Antibody, IgG

0.59 U/mL or less..... Not Detected

0.6 - 0.69 U/mL..... Indeterminate-Repeat testing in
10-14 days may be helpful.

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at:**ARUP Laboratories**

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 25-132-490007**Report Request ID:** 20439658**Printed:** 5/14/2025 08:24 MDT

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Test Information

i3: CMV Antibody IgG

0.70 U/mL or greater..... Detected

In immunocompromised patients, CMV serology (IgG or IgM antibody titers) may not be reliable and may be misleading in the diagnosis of acute or reactivation CMV disease. The preferred method for diagnosis is culture of virus and/or demonstration of viral antigen in peripheral white cells (buffy coat), bronchoalveolar lavage (BAL) cells, or tissue biopsies.

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 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.

i4: HSV Type 1/2 Combined Ab, IgG

INTERPRETIVE INFORMATION: HSV 1/2 COMBINED Ab SCREEN, IgG

0.89 IV or less.....Not Detected

0.90-1.09 IV.....Indeterminate- Repeat testing
in 10-14 days may be helpful.

1.10 IV 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.

False positive results are possible. Consider additional testing for HSV-2, particularly if the result for HSV-2 is ≤ 3.0 IV.

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