

Laboratory Service Report

1-800-533-1710

Patient Name TEST,IMPLEMENTATION TESTING	Patient ID 321	Age 69	Gender	Order # R1058590
Ordering Phys UNKNOWN,PROVIDER	021	100		DOB 09/09/1944
Client Order # R1058590	Account Information	Account Information		Report Notes
Collected 11/27/2013 09:00	C7028845-DLMP Ja SDSC 2 - Client Sup	port		
Printed 01/03/2014 16:24	Rochester, MN 5590)1		

Test	Flag Results	Unit	Reference Value	Perform Site*
Torch Profile IgM				
RECEIVED: REPORTED: 11/27				
Toxoplasma Ab, IgM, S	Positive	:	Negative	MCF
Results suggest recer	nt infection. FDA Public Hea	alth Advisory dated		
July 25, 1997 suggest	ts positive/equivocal IgM sa	amples be sent for		
confirmation to: Jack	Remington, M.D. Palo Alto	Medical Foundation		
Ames Building, Serolo	ogy Dept. 795 El Camino Real	Palo Alto, CA 94301		
Phone: 650-853-6061;	Fax: 650-329-9853			
Toxoplasma IgM Value	0.85	threshold		MCF
REFERENCE VALUE	-			
<0.55 (Negative)				
0.55 to <0.65 (Equivo	ocal)			
>=0.65 (Positive)	·			
Cytomegalovirus Ab, IgM, S	Positive	:	Negative	MCF
	nt infection.		- 3	
33			Negative	MCF
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-	-	(====, ================================		
Results suggest recer HSV Ab, IgM, S by IFA	nt infection. Positive immunofluorescence antibody	:	Negative Negative	MCF MCF

* Performing Site:

MCF	Mayo Clinic Jacksonville Clinical Lab	Lab Director: Gretchen Johns, M.D.
	4500 San Pablo Road Jacksonville, FL 32224	

Patient Name TEST.IMPLEMENTATION TESTING		Report Status Final
TEST, IMPLEMENTATION TESTING	11/27/2013 09.00	rillai
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