

1-800-533-1710

PATIENT NAME TESTING, SHEILA		PATIENT NUMBER L3MRNG9157420		AGE 35	SEX F	ACCESSION # G9157420
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 10/12/10 12:28 P	RECEIVED	REPORT PRINTED 10/19/10 01:50 P		SPECIMEN INFORMATION		
DATE TIME	DATE TIME	DATE TIME	DATE OF BIRTH:			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
----------------	----	----	-----------	----------------

Toxoplasma IgG and IgM Ab

Toxoplasma Ab, IgG, S	9	IU/mL	<4	SDL
Toxoplasma Ab, IgM, S	4.00	threshold	<0.55	SDL

 Positive (≥ 0.65)

Results suggest recent infection

FDA Public Health Advisory dated July 25, 1997 suggests positive/equivocal IgM samples be sent for confirmation to: Jack Remington, M.D., Palo Alto Medical Foundation, Ames Building, Serology Dept., 795 El Camino Real, Palo Alto CA 94301. Phone: 650-853-6061; Fax: 650-329-9853. Please call Mayo Laboratory Inquiry at 800-533-1710 to set up confirmatory testing.

* PERFORMING SITE

SDL	Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
-----	--	--

PATIENT NAME TESTING, SHEILA	ORDER STATUS Final	COLLECTION DATE AND TIME 10/12/10 12:28 P
--	------------------------------	---