

Patient ID 321	Patient Name TEST, IMPLEMENTATION TESTING	Birth Date 1956-05-23	Gender F	Age 56
Order Number X100061730	Client Order Number X100061730	Ordering Physician ,	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 12 Apr 2013 07:00		

Toxoplasma Ab, IgG, S

Toxoplasma Ab, IgG, S

SDL

Negative

REFERENCE VALUE

Negative

Toxoplasma IgG Value

SDL

3 IU/mL

REFERENCE VALUE

≤9 IU/mL (Negative)

10–11 IU/mL (Equivocal)

≥12 IU/mL (Positive)

Received: 12 Apr 2013 16:04

Reported: 12 Apr 2013 16:07

Performing Site Legend

Code	Laboratory	Address
SDL	Mayo Clinic Laboratories - Rochester Superior Drive	3050 Superior Drive NW, Rochester MN 55901