Test Definition: TXMGP
Toxoplasma gondii Antibody, IgM and IgG, Serum

Reporting Title: Toxoplasma Ab, IgM and IgG, S
Performing Location: Rochester

Specimen Requirements:
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Aliquot tube
Specimen Volume: 1.5 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:
If not ordering electronically, complete, print, and send Infectious Disease Serology Test Request (T916) with the specimen.

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td>Refrigerated (preferred)</td>
<td>14 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>14 days</td>
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</table>

Result Codes:

<table>
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<tr>
<th>Result ID</th>
<th>Reporting Name</th>
<th>Type</th>
<th>Unit</th>
<th>LOINC®</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOXG</td>
<td>Toxoplasma Ab, IgG, S</td>
<td>Alphanumeric</td>
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<td>40677-7</td>
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<tr>
<td>DEXG6</td>
<td>Toxoplasma IgG Value</td>
<td>Numeric</td>
<td>IU/mL</td>
<td>8039-0</td>
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LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

Components:

<table>
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<tr>
<th>Test Id</th>
<th>Reporting Name</th>
<th>CPT Units</th>
<th>CPT Code</th>
<th>Always Performed</th>
<th>Available Separately</th>
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</thead>
<tbody>
<tr>
<td>TXM</td>
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</tbody>
</table>

CPT Code Information:
86778-Toxoplasma IgM
86777-Toxoplasma IgG

Reference Values:
Test Definition: TXMGP
Toxoplasma gondii Antibody, IgM and IgG, Serum

Toxoplasma IgM
Negative

Toxoplasma IgG
Negative

Toxoplasma IgG Value
< or =9 IU/mL (Negative)
10-11 IU/mL (Equivocal)
> or =12 IU/mL (Positive)
Reference values apply to all ages.