

**Reporting Title:** Toxoplasma Ab, IgM, S  
**Performing Location:** Mayo Clinic Jacksonville Clinical Lab

**Specimen Requirements:**  
**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 1 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.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
TXM	Toxoplasma Ab, IgM, S	Alphanumeric		40678-5

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
No

**CPT Code Information:**  
86778

**Reference Values:**  
Negative  
Reference values apply to all ages.