MAYO CLINIC LABORATORIES

TEST OBSOLETE

Notification Date: September 23, 2025
Effective Date: November 4, 2025

Toxoplasma gondii Antibody, IgM, Serum

Test ID: TXM

Explanation:
Toxoplasma gondii Antibody, IgM, Serum test will be obsolete on effective date due to a test platform change.

Recommended Alternative Test:

Toxoplasma gondii Antibody, IgM, Serum

Test ID: TXPM

Useful for:
Qualitative detection of IgM antibodies to *Toxoplasma gondii* in serum

Methods:
Electrochemiluminescence Immunoassay (ECLIA)

Reference Values:
Negative
Reference values apply to all ages.

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:	0.7 mL
Minimum Volume:	0.7 mL
Collection Instructions:	Centrifuge and aliquot serum into a plastic vial

Specimen Stability Information:

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	21 days
	Ambient	72 hours
	Frozen	90 days

Cautions:

- Diagnosis of recent or active infection by *Toxoplasma gondii* can only be established based on a combination of clinical and serological data. The result of a single serum sample does not constitute sufficient proof for diagnosis of recent infection. Elevated IgM can persist from an acute infection that may have occurred as long ago as 1 year.
- To differentiate between a recently acquired and past infection in patients who are IgM and IgG positive for *Toxoplasma* antibodies, *Toxoplasma* IgG avidity testing should be considered. A high avidity index for IgG antibodies indicates that the infection occurred at least 4 months ago. No clinical interpretation can be deduced from a low avidity result.
- A negative *Toxoplasma* IgM result in combination with a positive IgG result does not completely rule out the possibility of an acute infection with *Toxoplasma.*
- Elevated anti-IgM titers may be absent in patients who are immunocompromised. Results should be interpreted with caution in patients who are either HIV-positive, receiving immunosuppressive therapy, or have other disorders leading to immunosuppression.
- A suspected diagnosis of central nervous system or congenital toxoplasmosis should be confirmed by detection of *Toxoplasma gondii* DNA by polymerase chain reaction analysis of cerebrospinal fluid or amniotic fluid specimens, respectively, (PTOX / *Toxoplasma gondii*, Molecular Detection, PCR, Varies).
- If a serum specimen was collected too soon after infection, IgM antibodies to *Toxoplasma gondii* may be absent. If this is suspected, a second serum specimen should be collected 2 to 3 weeks later, and the test repeated.
- Heterophile antibodies in the patient specimens may interfere with the assay performance.
- The performance of the assay has not been established for cord blood testing.
- Specimens should not be collected from patients receiving therapy with high biotin doses (ie. <5 mg/day) until at least 8 hours following the last biotin administration.
- As with any low prevalence analyte, there is the increased possibility that a positive result may be false, reducing the assay's positive predictive value. Per the Public Health Advisory (7/25/1997), the US Food and Drug Administration suggests that sera found to be positive for *Toxoplasma gondii* IgM antibodies should be submitted to a *Toxoplasma* reference laboratory.

CPT Code:

86778

Day(s) Performed: Monday through Saturday **Report Available:** Same day/1 to 3 days

Questions

Contact Dunisha Messmer, Laboratory Resource Coordinator at 800-533-1710.