

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
TOXOPLASMA ANTIBODY (IGG)	<7.20		IU/mL	
		IU/mL	IU/mL	Interpretation
		<7.20		Negative
		7.20-8.79		Equivocal
		>8.79		Positive

PERFORMING SITE: