

500 Chipeta Way, Salt Lake City, Utah 84108-1221

phone: 801-583-2787, toll free: 800-522-2787

Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 27 years Female

Specimen Collected: 04-Jun-24 09:18

| TORCH Antibodies IgM | Received: 04-Jun-24 09:18 | Report/Verified: 04-Jun-24 09:38 | |
|---------------------------|---------------------------|----------------------------------|--------------------|
| Procedure | Result | Units | Reference Interval |
| Toxoplasma gondii Ab, IgM | 7.1 ⁱ¹ | AU/mL | [<=7.9] |
| Rubella Antibody IgM | 19.0 ⁱ² | AU/mL | [<=19.9] |
| CMV Antibody IgM | 29.0 ⁱ³ | AU/mL | [<=29.9] |

Test Information

i1: Toxoplasma gondii Ab, IgM

INTERPRETIVE INFORMATION: Toxoplasma Ab, IgM

7.9 AU/mL or less Not Detected.

8.0-9.9 AU/mL Indeterminate - Repeat testing in 10-14 days may be helpful.

10.0 AU/mL or greater. Detected - Significant level of Toxoplasma gondii IgM antibody detected and may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

This test is performed using the DiaSorin LIAISON. As suggested by the CDC, any indeterminate or detected Toxoplasma gondii IgM result should be retested in parallel with a specimen collected 1-3 weeks later. Further confirmation may be necessary using a different test from another reference laboratory specializing in toxoplasmosis testing where an IgM ELISA should be ordered. Caution should be exercised in the use of IgM antibody levels in prenatal screening. Any Toxoplasma gondii IgM in pregnant patients that have also been confirmed by a second reference laboratory should be evaluated by amniocentesis and PCR testing for Toxoplasma gondii.

For male and non-pregnant female patients with indeterminate or detected Toxoplasma gondii IgM results, PCR may also be useful if a specimen can be collected from an affected body site.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

For additional information, refer to the CDC website:

www.cdc.gov/parasites/toxoplasmosis/health_professionals/index.html.

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at:

ARUP Laboratories

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 24-156-900060

Report Request ID: 19474261

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Test Information

i1: Toxoplasma gondii Ab, IgM
The magnitude of the measured result is not indicative of the amount of antibody present.

i2: Rubella Antibody IgM
INTERPRETIVE INFORMATION: Rubella Ab, IgM

19.9 AU/mL or less..... Not Detected
20.0-24.9 AU/mL..... Indeterminate-Repeat testing in 10-14 days may be helpful.
25.0 AU/mL or greater..... Detected-IgM antibody to Rubella detected which may indicate a current or recent infection or immunization.

Testing immediately post-exposure is of no value without a later convalescent specimen. While the presence of IgM antibodies suggest current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

The magnitude of the measured result is not indicative of the amount of antibody present.

i3: CMV Antibody IgM
INTERPRETIVE INFORMATION: Cytomegalovirus Antibody, IgM

29.9 AU/mL or Less Not Detected
30.0-34.9 AU/mL..... Indeterminate-Repeat testing in 10-14 days may be helpful.
35.0 AU/mL or Greater Detected-IgM antibody to CMV detected which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

A negative result does not rule out primary infection, please correlate clinically. CMV serology is not useful for the evaluation of active or reactivated infection in immunocompromised patients. Molecular diagnostic tests (i.e. PCR)are preferred in these cases.

This test should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products (HCT/P).

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