

Reporting Title: Toxoplasma Ab, IgG, S

Performing Location: Rochester

Ordering Guidance:

IgG antibodies in patients younger than 6 months of age are typically the result of passive transfer from the mother. To assess possible *Toxoplasma gondii* infection in patients younger than 6 months, order TXM / *Toxoplasma gondii* Antibody, IgM, Serum.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 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.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TOXG	Toxoplasma Ab, IgG, S	Alphanumeric		40677-7
DEXG6	Toxoplasma IgG Value	Numeric	IU/mL	8039-0

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

Supplemental Report:

No

CPT Code Information:

86777

Reference Values:

Toxoplasma ANTIBODY, IgG

Negative

Toxoplasma IgG

< or =9 IU/mL (Negative)

10-11 IU/mL (Equivocal)
> or =12 IU/mL (Positive)
Reference values apply to all ages.