MAYO CLINIC LABORATORIES

Test Definition: TXMGP

Toxoplasma gondii Antibody, IgM and IgG, Serum

Reporting Title: Toxoplasma Ab, IgM and IgG, S
Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Aliquot tube
Specimen Volume: 1.5 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
TXM	Toxoplasma Ab, IgM, S	Alphanumeric		40678-5

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
TXM	Toxoplasma Ab, IgM, S	1	86778	Yes	Yes
TOXGP	Toxoplasma Ab, IgG, S	1	86777	Yes	Yes

CPT Code Information:

86778-Toxoplasma IgM
86777-Toxoplasma IgG

Reference Values:

Toxoplasma IgM
Negative

Toxoplasma IgG
Negative

Toxoplasma IgG Value
< or =9 IU/mL (Negative)
10-11 IU/mL (Equivocal)
> or =12 IU/mL (Positive)
Reference values apply to all ages.