

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.

Specimen Minimum Volume:

0.4 mL

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.