Lab Dept: Serology

Test Name: TOXOPLASMA GONDII IGM ANTIBODY

General Information

Lab Order Codes:	TXOM
Synonyms:	Toxoplasma Antibody, IgM only, serum; Toxoplasma Antibody, IgM, Serum; *T. gondii*; *Toxoplasma gondii*; Toxoplasmosis
CPT Codes:	86778 – Antibody; Toxoplasma, IgM
Test Includes:	Toxoplasma IgM antibody level reported as positive or negative.

Logistics

Test Indications:	Serological tests specific for *Toxoplasma gondii* IgM antibodies are useful aids in the diagnosis of both congenital and acute acquired toxoplasmosis. Infection of the normal adult is commonly asymptomatic. In cases with clinical manifestations, the most common symptom is lymphadenopathy, which may be accompanied by an array of other symptoms making differential diagnosis difficult. Transplacental transmission of the parasite resulting in congenital toxoplasmosis can occur during the acute phase of acquired maternal infection.
Lab Testing Sections:	Serology - Sendouts
Referred to:	Mayo Medical Laboratories (Test: TXM)
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	1 - 3 days, test set up Monday - Friday
Special Instructions:	Indicate if ocular toxoplasmosis is suspected. Specimens that have been heat-treated should not be used.

Specimen

Specimen Type:	Blood

Container:	SST (Marble, gold or red)
Draw Volume:	3 mL (Minimum: 2.4 mL) blood
Processed Volume:	1 mL (Minimum: 0.8 mL) serum
Collection:	Routine blood collection
Specimen Processing:	Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-capped round bottom plastic vial. Store and ship at refrigerated temperatures. Forward promptly.
Patient Preparation:	None
Sample Rejection:	Specimens that have been heat-treated or have obvious microbial contamination should not be used; mislabeled or unlabeled specimens; gross hemolysis; gross lipemia

Interpretive

Reference Range:	**Negative**
Critical Values:	N/A
Limitations:	Diagnosis of recent infection by Toxoplasma gondii an only be established on the basis of a combination of clinical and serological data. The result of a single serum sample does not constitute sufficient proof for diagnosis of recent infection. If a serum sample was collected too soon after infection, IgM antibodies to Toxoplasma gondii may be absent. If this is suspected, a second serum sample should be collected 2-3 weeks later and the test repeated. Results should be interpreted with caution in HIV-positive patients, patients receiving immunosuppressive therapy, or individuals with other disorders leading to immunosuppression. Heterophile antibodies in the patient samples may interfere with the assay performance. The performance of the assay has not been established for cord blood testing. As with any low prevalence analyte, there is an increased possibility that a positive result may actually be false, reducing the assay's positive predictive value. Per the Public Health Advisory (7/25/1997), the FDA suggest that sera found to be positive for Toxoplasma gondii IgM antibodies be submitted to a Toxoplasma reference lab.

It is recommended that patients tested with the Platelia Tox IgM assay be performed in conjunction with an anti-Toxoplasma gondii IgG antibody assay.

The performance of the Platelia Tox IgM assay has not been established for neonate testing.

Methodology: Enzyme Immunoassay (EIA)

References: Mayo Medical Laboratories August 2016

Updates: 9/14/2004: This test has been changed at MML from a qualitative to a quantitative test. Please note that reference ranges have been changed to numeric values to aid in the level of antibody level.
7/26/2016: Method change, previously ELFA. Volume change.