

Sample results. Actual results may vary.

PATIENT INFORMATION

REPORT STATUS: FINAL

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CLIENT INFORMATION



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SPECIMEN INFORMATION

SPECIMEN:
REQUISITION:
LAB REF NO:

DOB:
AGE:
GENDER:
FASTING:

Clinical Info:

COLLECTED:
RECEIVED:
REPORTED:

Test Name	Result	Flag	Reference Range	Lab
TISSUE TRANSGLUTAMINASE AB, IGA				
TISSUE TRANSGLUTAMINASE AB, IGA	<1		U/mL	EZ
<4 No Antibody Detected > OR = 4 Antibody Detected				
GLIADIN (DEAMIDATED) AB (IGG, IGA)				
GLIADIN (DEAMIDATED) AB (IGA)	2		<20 U	EZ
Reference Ranges for Gliadin (Deamidated Peptide) Antibody (IgA):				
<20 units Antibody Not Detected > or = 20 units Antibody Detected				
GLIADIN (DEAMIDATED) AB, (IGG)	1		<20 U	EZ
Reference Ranges for Gliadin (Deamidated Peptide) Antibody (IgG):				
<20 units Antibody Not Detected > or = 20 units Antibody Detected				
TISSUE TRANSGLUTAMINASE AB, IGG				
TISSUE TRANSGLUTAMINASE AB, IGG	<1		U/mL	EZ
<6 No Antibody Detected > OR = 6 Antibody Detected				

Performing Laboratory Information:

