

# Sample results. Actual results may vary

PATIENT INFORMATION

REPORT STATUS: FINAL

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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
<b>ENDOMYSIAL ANTIBODY SCR (IGA) W/REFL TO TITER</b>				
ENDOMYSIAL ANTIBODY SCR (IGA)	NEGATIVE		NEGATIVE	01
<b>TISSUE TRANSGLUTAMINASE AB, IGA</b>				
TISSUE TRANSGLUTAMINASE AB, IGA	1		U/mL	02
Value	Interpretation			
-----	-----			
<4	No Antibody Detected			
> or = 4	Antibody Detected			
<b>GLIADIN (DEAMIDATED) AB (IGG, IGA)</b>				
GLIADIN (DEAMIDATED) AB (IGA)	5		Units	02
Value	Interpretation			
<20	Antibody not detected			
>or=20	Antibody detected			
GLIADIN (DEAMIDATED) AB (IGG)	1		Units	02
Value	Interpretation			
<20	Antibody not detected			
>or=20	Antibody detected			
<b>TISSUE TRANSGLUTAMINASE AB, IGG</b>				
TISSUE TRANSGLUTAMINASE AB, IGG	1		U/mL	02
Value	Interpretation			
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<6	No Antibody Detected			
> or = 6	Antibody Detected			

Performing Laboratory Information: