

Specimen ID: 052-988-3227-0
Control ID:

Acct #: 90000999 **Phone:** (336) 436-8645 **Rte:** 00
LabCorp Test Master
Test Account
3060 South Church Street
Burlington NC 27215

SAMPLE REPORT, 164125

Patient Details

DOB: 01/10/1980
Age(y/m/d): 037/01/11
Gender: F **SSN:**
Patient ID:

Specimen Details

Date collected: 02/21/2017 0000 Local
Date entered: 02/21/2017
Date reported: 00/00/0000 0000 ET

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: NORMAL REPORT

Ordered Items

Gluten Sensitivity Screen

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Gluten Sensitivity Screen

tTG/DGP Screen	Negative			Negative	01
Antigliadin IgG (native)	9		units	0 - 19	01
		Negative		0 - 19	
		Weak Positive		20 - 30	
		Moderate to Strong Positive		>30	
F004W-IgE Wheat	<0.10		kU/L	Class 0	01

Note: Not suggestive of gluten sensitivity. 01

Class Description 01

Levels of Specific IgE	Class	Description of Class
< 0.10	0	Negative
0.10 - 0.31	0/I	Equivocal/Low
0.32 - 0.55	I	Low
0.56 - 1.40	II	Moderate
1.41 - 3.90	III	High
3.91 - 19.00	IV	Very High
19.01 - 100.00	V	Very High
>100.00	VI	Very High

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
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For inquiries, the physician may contact **Branch: 800-222-7566 Lab: 336-436-2762**

Specimen ID: 052-988-3228-0
Control ID:

Acct #: 90000999 **Phone:** (336) 436-8645 **Rte:** 00
LabCorp Test Master
Test Account
3060 South Church Street
Burlington NC 27215



SAMPLE REPORT, 164125

Patient Details

DOB: 01/10/1980
Age(y/m/d): 037/01/11
Gender: F **SSN:**
Patient ID:

Specimen Details

Date collected: 02/21/2017 0000 Local
Date entered: 02/21/2017
Date reported: 00/00/0000 0000 ET

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: ABNORMAL REPORT

Ordered Items

Gluten Sensitivity Screen

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Gluten Sensitivity Screen					
tTG/DGP Screen	Positive	Abnormal		Negative	01
Note:					01

Suggestive of celiac disease or other gluten-sensitive enteropathies. Subsequent testing for Endomysial Antibody, IgA (164996) and/or genetic testing for Celiac Disease HLA DQ Association (167082) may be indicated for further patient evaluation.

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