



Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: **FASTING:**

Test Name	In Range	Out Of Range	Reference Range	Lab
IMMUNOGLOBULIN A	110		47-310 mg/dL	
TISSUE TRANSGLUTAMINASE AB, IGA	<1.0		U/mL	
Units Value	Interpretation			
<15.0	Antibody not detected			
> or = 15.0	Antibody detected			
ENDOMYSIAL ANTIBODY SCR (IGA) W/REFL TO TITER	Negative		Negative	

PERFORMING SITE: