

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

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
IMMUNOGLOBULIN A	207		81-463 mg/dL	UL
TISSUE TRANSGLUTAMINASE AB, IGA	<1		U/mL	EZ
<4 No Antibody Detected > OR = 4 Antibody Detected				
GLIADIN (DEAMIDATED) AB (IGA)	10		<20 U	EZ
Reference Ranges for Gliadin (Deamidated Peptide) Antibody (IgA): <20 units Antibody Not Detected > or = 20 units Antibody Detected				