

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Account Number:  
Ordering Physician:



Ordered Items: **Gliadin IgA ; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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### Gliadin IgA Ab Prof

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Deamidated Gliadin Abs, IgA <sup>02</sup>	5	Negative	units	0-19
		Weak Positive	20 - 30	
		Moderate to Strong Positive	>30	

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

#### Icon Legend

▲ Out of Reference Range ■ Critical or Alert

#### Performing Labs

#### Patient Details

Phone:  
Date of Birth  
Age:  
Sex:  
Patient ID:  
Alternate Patient ID:

#### Physician Details

**Request A Test, LTD.**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**

Phone:  
Account Number:  
Physician ID:  
NPI:

#### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte:

