LabCorp
Laboratory Corporation of America

Patient Report

Specimen ID: **Acct #:** **Phone:** **Rte:**
Control ID:

Patient Details
DOB:
Age(y/m/d):
Gender: **SSN:**
Patient ID:

Specimen Details
Date collected:
Date received:
Date entered:
Date reported:

Physician Details
Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information
Clinical Info:

Ordered Items
Antigliadin Abs, IgA

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Antigliadin Abs, IgA					
Deamidated Gliadin Abs, IgA	4		units	0 - 19	01
		Negative		0 - 19	
		Weak Positive		20 - 30	
		Moderate to Strong Positive		>30	

FINAL REPORT