

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



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, IgG

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Antigliadin Abs, IgG						
Deamidated Gliadin Abs, IgG	3		units	0 - 19		01
		Negative		0 - 19		
		Weak Positive		20 - 30		
		Moderate to Strong Positive		>30		

FINAL REPORT