

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

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
TISSUE TRANSGLUTAMINASE AB, IGG	1		U/mL	
		Value	Interpretation	
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		<6	No Antibody Detected	
		> or = 6	Antibody Detected	