LabCorp

Patient Report

Specimen ID:
Control ID:

Acct #: 17452095 Phone: (800) 539-6119 Rte: 00
Walk-In Lab, LLC
VART verified
169 W Augusta Lane
SLIDELL, LA 70458

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

Specimen Details
Date collected: 02/16/2016 0943 Local
Date entered: 02/16/2016
Date reported: 02/23/2016 1532 Local

Physician Details
Ordering: J HELLER
Referring:
ID: 1295711547
NPI: 1295711547

General Comments & Additional Information
Alternate Control Number:
Total Volume: Not Provided
Alternate Patient ID: Not Provided
Fasting: No

Ordered Items
Celiac Disease HLA DQ Assoc.; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Celiac Disease HLA DQ Assoc.					
DQ2 (DQA1 0501/0505,DQB1 02XX)	Negative				01
DQ8 (DQA1 03XX, DQB1 0302)	Positive				01

Final Results:
DQA1*01:SXYS,03:MN
DQB1*03:AJEPJ,05:ABUXH
Code Translation:
AJEPJ 02/85/190
SXYS 01/04/05/12
ABUXH 01/12/18/27/30/31/32/44/45
MN 01/02/03
The patient is positive for DQ8. Celiac Disease risk from the HLA DQA/DQB genotype is approximately 1:89 (1.1%)
Allele interpretation for all loci based on IMGT/HLA database version 3.11
HLA Lab CLIA ID Number 34D0954530
Greater than 95% of celiac patients are positive for either DQ2 or DQ8 (Sollid and Thorsby, (1993) Gastroenterology 105:910-922). However these antigens may also be present in patients who do not have Celiac disease.

Comment: 01
This test was performed using Polymerase Chain Reaction/(PCR)Sequence Specific Oligonucleotide Probes (SSOP) (Luminex) technique. Sequence Based Typing (SBT) and/or Sequence Specific Primers (SSP) may be used as supplemental methods when necessary. Please contact HLA Customer Service at 1-800-533-1037 if you have any questions.
Director of HLA Laboratory
Dr George C Maha, PhD

Additional Information: 01
Celiac disease is a chronic immune-mediated inflammatory disorder with multi-systemic manifestations, both gastrointestinal and non-gastrointestinal. In genetically susceptible individuals, ingestion of gluten can cause inflammation and damage to the small intestine mucosa. Celiac disease has an incidence of 1:100 in the United States.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB

In order for celiac disease to develop, human leukocyte antigen (HLA) molecule DQ2 (encoded by alleles DQA1*0501 or *0505 plus DQB1*0201 or *0202), half of the DQ2 molecule, or DQ8 (encoded DQA*03 plus DQB1*0302) must be present. These molecules confer susceptibility to celiac disease by binding to gluten and interacting with intestinal T cells, leading to a pathologic immune response involving autoimmunity. The familial nature of susceptibility to celiac disease is shown by an 11-18% prevalence of this disorder in siblings of individuals with celiac disease and a 70% concordance rate between identical twins.
Among celiac disease patients, >90% carry DQ2, 5-10% carry DQ8, and the remaining carry half DQ2. The presence of DQ2, half DQ2, or DQ8 alone is not sufficient for a diagnosis of celiac disease. Clinical symptoms, positive test results for endomysial, tissue transglutaminase or deamidated gliadin peptide antibodies, or abnormal small bowel biopsy results all support a diagnosis of celiac disease. Most individuals with a positive genetic result do not develop celiac disease. The risk for developing celiac disease in individuals with a positive genetic result approaches 40% if there is a known first degree relative with celiac disease.
Table: Genetic Risk from HLA-DQA/DQB Genotypes

Genotype	Risk
DQ2 + DQ8	1:7 (14.3%)
DQ2 + DQ2 OR DQ2 Homozygous *02	1:10 (10%)
DQ8 + DQ8	1:12 (8.4%)
DQ8 + DQB1*02	1:24 (4.2%)
Homozygous DQB*02	1:26 (3.8%)
DQ2 alone	1:35 (2.9%)
DQ8 alone	1:89 (1.1%)
Population risk (genotype unknown)	1:100 (1%)
1/2 DQ2:DQB1*02	1:210 (0.5%)
1/2 DQ2:DQA1*05	1:1842 (0.05%)
No HLA-DQA/DQB susceptibility alleles	1:2518 (<0.04%)

From Megiorni et al. 2009 for all genotypes except DQ8 + DQ8
DQ8 + DQ8 risk is from Pietzak et al. 2009
Other influences on risk for celiac disease
The overall risk for an individual to develop celiac disease is influenced not just by genetic risk from the HLA-DQA/DQB genotype,

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB

but by presence of symptoms of celiac disease, positive results for celiac antibody tests or intestinal biopsy, and having relatives with celiac disease. Celiac disease risk is also higher in individuals with IgA deficiency, Down syndrome, Turner syndrome, and the autoimmune disorders Type I diabetes mellitus, Sjogren syndrome, and thyroiditis. There are also additional genetic influences on the development of celiac disease in individuals predisposed to the disorder.

References:

1. Green PHR and Cellier C. Celiac Disease. N Eng J Med 2007; 357:1731-1743.
2. Megiorni F, Mora B, Bonamico M et al. HLA-DQ and risk gradient for celiac disease. Hum Immunol 2009; 70:55-59.
3. Pietzak MM, Schofield TC, McGinnis FM et al. Stratifying risk for celiac disease in a large at-risk United States population by using HLA alleles. Clin Gastroenterol Hepatol 2009; 7:966-971.
4. Sollid LM and Lie BA. (2005). Celiac Disease Genetics: Current Concepts and Practical Applications. Clin Gastroenterol and Hepat 3:843-851.
5. Snyder CL, Young DO, Green PHR, et al. Celiac Disease. In: Pagon RA, Bird TC, Dolan CR, Stephens K, editors. GeneReviews (Internet), University of Washington, Seattle, July 3, 2008:1-27. http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=genepart=celiac PMID 20301720 (PubMed)
6. Treem W. Emerging concepts in celiac disease. Curr Opin Pediatr 2004;16:552-559.

01 2Q LabCorp Burlington DNA
1440 York Court, Burlington, NC 27215-3361
Dir: George Maha, PhD

For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 800-795-3699**

LabCorp
Laboratory Corporation of America

Printed Date
02/23/2016 11:05

Specimen Number	BM Specimen #	Patient Name	Sex	Age	Date of Birth	Account #	Account Phone	Route
								00

Control Number	Patient ID	Patient SSN	Physician Name	NPI	Physician ID
				1295711547	

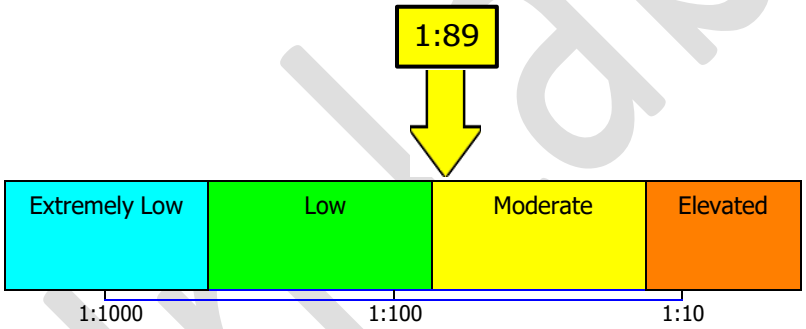
Patient Address	Patient Phone	Account Address
		Walk-In Lab, LLC VART verified 169 W Augusta Lane SLIDELL, LA 70458

Additional Information	Date Collected	Date Entered	Date Reported

Celiac Disease HLA DQA/DQB Association

Result: POSITIVE for celiac-associated allele(s)

Genetic Risk: Moderate



HLA DQ alleles detected		DQA1*01:SXYS, 03:MN DQB1*03:AJEPJ, 05:ABUXH	
DQ2	DQA1*05:01/05:05 DQB1*02:01/02:02	NEGATIVE NEGATIVE	NEGATIVE for DQ2
DQ8	DQA1*03:XX DQB1*03:02	POSITIVE, one copy POSITIVE, one copy	POSITIVE for DQ8

HLA allele intepretation based on IMGT/HLA database version 3.21

The patient is positive for DQ8. Celiac Disease risk from the HLA DQA/DQB genotype is approximately 1:89 (1.1%)

Code/G Group Translation

ABUXH	01/12/18/27/30/31/32/44/45
AJEPJ	02/85/190
MN	01/02/03
SXYS	01/04/05/12

The range of genetic risk for individuals with a celiac disease-associated genotype is 1:1842 (0.05%) to 1:7 (14.3%). See table "Genetic Risk from HLA-DQA/DQB Genotypes" on page 2.

The ACTUAL risk for this individual to have celiac disease may be significantly higher if there are symptoms of celiac disease, positive results from celiac antibody tests, positive intestinal biopsy, or family members with celiac disease.

Greater than 90% of celiac patients are positive for DQ2, 5-10% carry DQ8, and the remaining carry half of the DQ molecules (Green and Cellier, 2007). However, the majority of individuals positive for celiac-associated HLA alleles do not develop celiac disease, and detection of these alleles alone is not sufficient for a diagnosis of celiac disease. Relatives of individuals positive for one or more celiac-associated HLA alleles are also at risk for being positive.

This test was performed using a Polymerase Chain Reaction/(PCR) Sequence Specific Oligonucleotide Probes (SSOP) technique on the Luminex platform. This test has been cleared by the U.S. Food and Drug Administration. Analytic sensitivity and specificity are >99.9%. Sequence-based Typing (SBT) and/or Sequence Specific Primers (SSP) may be used as supplemental methods when necessary. This test evaluates HLA-DQA and DQB genotypes and cannot detect abnormalities elsewhere in the genome. It should be realized that there are many possible sources of diagnostic error including sample misidentification, rare technical errors, trace contamination of PCR reactions, and rare genetic variants that interfere with analysis.

LABCORP, HLA LABORATORY (2Q) DIRECTOR: GEORGE C. MAHA, PHD
1440 YORK COURT EXT, BURLINGTON NC 27215-2230 CLIA ID Number 34D0954530

This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.
Please contact HLA customer service at 1-800-533-1037 if you have any questions.

INFORMATION ABOUT CELIAC DISEASE GENETICS

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Genetic Risk from HLA-DQA/DQB Genotypes

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Other influences on risk for celiac disease

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REFERENCES

1. Green PHR and Cellier C. Celiac Disease. N Eng J Med 2007; 357:1731-1743.
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   http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=genepart=celiac PMID 20301720 (PubMed)
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