

Patient Information		Specimen Information	Client Information
		Specimen: Requisition:	
DOB: Gender: Phone: Patient ID:	AGE:	Collected: Received: Reported:	

Test Name GLIADIN (DEAMIDATED) AB (IGG, IGA) GLIADIN (DEAMIDATED)	In Range	Out Of Range Reference Range Lab
AB (IGA)	5	Units
		Value Interpretation
		<20 Antibody not detected >or=20 Antibody detected
GLIADIN (DEAMIDATED)		
AB (IGG)	4	Units
		Value Interpretation
		<pre>&lt;20 Antibody not detected &gt;or=20 Antibody detected</pre>

## **PERFORMING SITE:**