



PATIENT: **XXXX XXXX**

TEST REF: **TST-xx-xxxxx**

TEST NUMBER: xxx

COLLECTED: xxx

PRACTITIONER:

GENDER: xxx

TESTED: xxx

**XXXX**

AGE: xxx

**TEST NAME: Immuno 1 IgG 115 + Candida + Gliadin**

## Anti-Gliadin Antibody

### *IgG and IgA Gluten Antibody Assay*

IgG or IgA Anti-gliadin antibodies are often elevated in celiac disease patients or in patients suffering from gluten enteropathy. These antibodies may also be elevated in patients with other diseases such as dermatitis herpetiformis, autism and epilepsy associated with cerebral calcifications.

**YOUR TEST RESULTS ARE: Negative**

IgG Test: **0.6 Units**  
**Negative**

IgA Test: **1.5 Units**  
**Negative**

#### **KEY - Scoring and Evaluation**

##### IgG And IgA

Antibody units:	<b>Negative</b>	<b>&lt; 7 units</b>
	<b>Equivocal</b>	<b>7-10 units</b>
	<b>Positive</b>	<b>&gt;10 units</b>

*Note: In case of equivocal results, retesting the patient after 8-12 weeks is recommended.*

*Note: The ordering physician should be familiar with gluten/gliadin antibody profiles prior to treatment.*