

### Laboratory Investigation Report

|               |                      |
|---------------|----------------------|
| Patient Name  | Centre               |
| Age/Gender    | OP/IP No             |
| Max ID/Mobile | Collection Date/Time |
| Lab ID        | Receiving Date       |
| Ref Doctor    | Reporting Date       |
| Passport No.  |                      |

#### Molecular Diagnostics

#### HLA Celiac disease (DQB1\*02,1\*03) DQA1\*05,1\*03 \*, EDTA

PCR - SSO

#### Interpretation:

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=====
DRB1*03 DQA1*05:01 DQB1*02:01 [DQ 2 (DQ      Negative
2.5)]
DRB1*07 DQA1*02:01 DQB1*02:02 (DQ 2)      Negative
DRB1*11 DQA1*05:05 DQB1*03:01 (DQ 7)      Negative
DRB1*04 DQA1*03:01 DQB1*03:02 (DQ 8)      Negative
=====
  
```

Note: Result to be correlated with Serological studies / Biopsy

#### Comments:

DQ 2.5 (DRB1\*03 DQA1\*05:01 DQB1\*02:01) represents the highest risk for Celiac Disease which is five times higher if it is homozygous. The associated risk is also high if DQ 2.5 DQ 8 combination is present, but is lower with DQ2 (DRB1\*03 DQA1\*05:01 DQB1\*02:02) and needs to be correlated clinically. DQ 8 alone is found in 2-10 % of patients with Celiac Disease. The diagnosis of Celiac Disease (CD) is based on a combination of history and clinical presentation, serological tests (Tissue Transglutaminase or Anti Endomysial antibody) and small intestine biopsy. Screening for HLA DQ 2 and DQ 8 has low specificity and positive predictive value as approximately 30% and 20% respectively of healthy population may test positive for these alleles. The test has excellent negative predictive value and can be assumed that in more than 90% cases Celiac Disease does not exist. The incidence of CD is 10-20 fold that of general population in first degree relatives of a patient. It is also 16-20 times higher in cases of Type 1 Diabetes mellitus and Down's Syndrome. These cases may be screened by this assay rather than serological testing at regular intervals.

#### Interpretation:

DQ 2.5 (DRB1\*03 - DQA1\*05:01 - DQB1\*02:01) represents the highest risk for Celiac Disease which is five times higher if it is homozygous. The associated risk is also high if DQ 2.5 - DQ 8 combination is present, but is lower with DQ2 (DRB1\*03 - DQA1\*05:01 - DQB1\*02:02) and needs to be correlated clinically. DQ 8 alone is found in 2-10 % of patients with Celiac Disease. The diagnosis of Celiac Disease (CD) is based on a combination of history and clinical presentation, serological tests (Tissue -Transglutaminase or Anti Endomysial antibody) and small intestine biopsy. Screening for HLA -DQ 2 and DQ 8 has low specificity and positive predictive value as approximately 30% and 20% respectively of healthy population may test positive for these alleles. The test has excellent negative predictive value and can be assumed that in more than 90% cases Celiac Disease does not exist. The incidence of CD is 10-20 fold that of general population in first degree relatives of a patient. It is also 16-20 times higher in cases of Type 1 Diabetes mellitus and Down's Syndrome. These cases may be screened by this assay rather than serological testing at regular intervals.



SIN No:DD0417091, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi

The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

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(CIN No.: U85100DL2021PLC381826)

Helpline No. 982 100 200 [www.maxlab.co.in](http://www.maxlab.co.in) [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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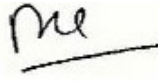
#### Molecular Diagnostics

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



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Max Lab & Blood Bank Services



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Associate Director &  
Manager Quality



**Dr. Nitin Dayal, M.D.**  
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