MAX Lab

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:

DRB1*03 DQA1*05:01 DQB1*02:01 [DQ 2 (DQ 2.5)]	Negative
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

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Molecular Diagnostics

Kindly correlate with clinical findings

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

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