## **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.

Outsourced

Result **Bio Ref Interval Test Name** Unit

## Anti Endomysial Antibody, IgA, IFA (L)\*

**Endomysial Antibody** Negative Titer 1:10

Ref Range =

DISEASE % POSITIVITY Confirmed celiac disease: On Gluten 100% On Gluten free diet 46% Suspected celiac disease 90% On Gluten On Gluten free diet 17%

80%

## Kindly correlate with clinical findings

Dermatitis herpetiformis

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

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SIN No:B2B1255609, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi

Booking Centre: 1401 - Dr.N K Sardana, 78 Modern colony road opp Apee Jay School, Jalandhar, 9814062347 The authenticity of the report can be verified by scanning the Q R Code on top of the page