

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.	

Test Name	Outsourced Result	Unit	Bio Ref Interval
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Anti Endomysial Antibody, IgA, IFA (L)*

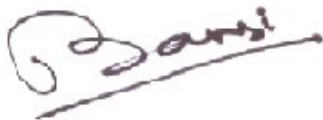
Endomysial Antibody	Negative
Titer	1:10

Ref Range

DISEASE	% POSITIVITY
Confirmed celiac disease :	
On Gluten	100%
On Gluten free diet	46%
Suspected celiac disease	
On Gluten	90%
On Gluten free diet	17%
Dermatitis herpetiformis	
	80%

Kindly correlate with clinical findings

*** End Of Report ***



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