

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

U/mL

Name : Mr. SE219 Billing Date 07/07/202312:36:25 Age : 21 Yrs Sample Collected on 10/07/2023 10:01:31 10/07/2023 11:02:13 Sex : Male Sample Received on P. ID No. : P1000100013114 Report Released on 16/07/2023 15:49:58 : 10002305170 Barcode No. 10002305170-01 Accession No

Referring Doctor: Self

Referred By Ref no.

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit	
	- Rosan	Biological Not. Intol val		

SEROLOGY

Tissue Transglutaminase (tTG) Antibody, **IgA**

Sample: Serum Method: ELISA

<20 14.0

Tissue Transqlutaminase (tTG) Antibody,

Sample Screening Dilution is 1:100

COMMENTS / INTERPRETATION:

tTG is an antigen to the antiendomysial antibodies.

The wheat protein gliadin, a component of Gluten is a substitute of tTG.

Characteristic feature of Coeliac disease is the occurance of tTG antibodies, anti d-Gliadin IgA IgG antibodies

About 10% of patients with Coeliac disease have IgA deficiency therefor serum should aslo be tested with IgG conjugate if this deficiency is suspected.

If the patient sample contains elevated levels of immune complexes or other immunoglobulin aggregates, a false positive result by non specific binding cannot be ruled out.

It is recommended that all clinically suspected tTG IgA negative samples be tested for DQ2DQ8 (Test Code-HL5) which is an excellent negative marker for excluding the diagnosis of Celiac Disease

In paediatric patients with symptoms and high levels of IgA antibodies to tTG , HLA-DQ2/DQ8 testing is recommended, and if positive, no need for a biopsy.. (Murch S Et al. Arch Dis Child, 2013)

** End of Report**

Dr. Saloni Garg

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