Patient Name	: Miss. SAI GAIKWAD	Reg. No.	: 0662404030178
Age and Sex	: 15 Yrs / Female	PCC Code	: SPL-PU-399
Referring Doctor	: Self	Sample Drawn Date	: 03-Apr-2024 05:02 AM
Referring Customer	: N/A	Registration Date	: 04-Apr-2024 10:38 AM
Vial ID	: A0166763	Report Date	: 17-Apr-2024 10:30 AM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	:		

IMMUNOGENETICS

Test Name: HLA - CELIAC DISEASE

Parameter	Result
DRB1*03-DQA1*05:01 - DQB1*02:01 [DQ 2 (DQ2.5)]	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

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 i
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 %
patients with Celiac Disease. The diagnosis of Celiac Disease (CD) is based on combination of history and clinical presentation, serological tests (Tissue-Transglutaminase or
Anti Endomysial antibody) and small intestine biopsy.Scrennning for HLA DQ 2 and DQ 8 has low specificity and positive predictive value as approximately 30% and 20%
respectively of healthy population may positive test for these alleles. The test has excellent negative predict 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 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.

Suggested clinical correlation.

Correlate Clinically.

*** End Of Report ***

DR. B.PARVATHI DEVI
MD MICROBIOLOGY, DCP PATHOLOGY

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Note: If the test results are alarming or unexpected,Client is advised to contact the laboratory immediately for possible remedial action.