


**DOUGLASS  
HANLY MOIR  
PATHOLOGY**

This facsimile is intended for the referrer specified below.  
The contents are confidential and contain legally privileged information.  
If you have received this document in error, please telephone  
Douglass Hanly Moir Pathology immediately on 1800 222 365.  
NATA Accreditation No. 2178

**Dr Ameeta Gajjar**

NORTHERN BEACHES CARE CTR  
56 Garden Street  
NARRABEEN 2101

G8698

AVL/---/---/---/---

**Jodie BULLOCK**

Lab ID : **292134036**

61 Prince Charles Rd  
Frenchs Forest 2086

DOB : 09/12/1976 (37 Yrs)  
Sex : Female  
Ph : 0411398057

Your Ref :

Requested : 24/02/2014  
Collected : 03/03/2014 09:30  
Received : 03/03/2014 12:02  
Printed : 10/03/2014 17:48

**Coeliac Serology**

Deamidated Gliadin IgA	<1	U/mL	(<15)
Deamidated Gliadin IgG	<1	U/mL	(<15)
Tissue Transglutaminase IgA	<1	U/mL	(<15)
Tissue Transglutaminase IgG	<1	U/mL	(<15)

**Comment**

From 03/06/2013, all requests for coeliac serology will be analysed by a multiplex assay which simultaneously detects deamidated gliadin IgA and IgG as well as tissue transglutaminase IgA and IgG antibodies. All four results are reported regardless of request and if selective IgA deficiency is detected (<0.07 g/L) which would render IgA-based serology non-informative this is also reported.

In a person eating wheat, the presence of one positive antibody may occur without coeliac disease while multiple positive antibodies strongly predict coeliac disease which should be confirmed by biopsy. For monitoring coeliac disease, IgA antibodies may become negative after 6-9 months of gluten restriction while IgG antibodies may take 9-12 months; persistent positive serology suggests non-compliance. Risk of coeliac disease may be effectively excluded if HLA-DQ2 or HLA-DQ8 are not detected in persons with discordant serology or positive family history. Endomysial IgA antibodies can be performed on request but we believe they have limited clinical utility with our new deamidated gliadin and TTG assays.

**Streptococcal Serology**

Anti-Streptolysin O (ASO)	* 243	IU/mL	(0-200)
Anti DNASE B	100	U/mL	(0-200)

**Comment**

Anti-DNase B is more sensitive than anti-Streptolysin O in the diagnosis of antecedent streptococcal infection, but when combined the sensitivity of both antibodies is approximately 90-95%. Serial tests showing rising antibody levels are of greater diagnostic significance than a single elevated result.

Tests Completed: LH,FSH,Oest,Prog21,DHEAS,B12,LFT,C,UCr,E,pGlu,FE STUDIES,CA,VIT D,ZN-S,CU-S,MTHFR  
:TFT,FOLATE RED CELL,CortAM,THYROID ABS,FBC,CD57,L.Mark,DNASEB,GLIADIN/TTG,IgA,IgG + more.

Clinical Notes: D21 THYROID SYMPTOMS FATIGUE

**FINAL REPORT**

Supervising Pathologist: KB, IC, GC, NT

Page 1 of 8