NutriPATH PATHOLOGY · **PATIENT REPORT**

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26127-0191

Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID P000060
Ext ID 26127-0191

Test Patient

Sex: Female • 56yrs • 01-Jan-70

123 Home Street, Test Suburb VIC 3125

RECEIVED
07-May-26

Clinical Notes .

COELIAC SCREEN

Specimen type - Blood-Serum

Collected
15-Apr-26

TEST	RESULT	H/L	REFERENCE	UNITS
Gliadin IgG Antibody	1.0		(<7.0)	U/mL
Gliadin IgA Antibody	8.0	H	(<7.0)	U/mL
Transglutaminase IgA Antibody	8.0	H	(<7.0)	U/mL
Endomysial Antibodies	Negative			

Immunology Comment

Serum Gliadin IgA and IgG antibodies are markers of immune response to gliadin, a component of gluten found in wheat, barley, and rye. Elevated levels of Gliadin IgA may indicate active or early coeliac disease or non-celiac gluten sensitivity, while elevated Gliadin IgG is often seen in celiac disease, particularly in individuals with selective IgA deficiency, and in non-coeliac gluten sensitivity. Low or normal Gliadin IgA levels do not exclude coeliac disease, especially in IgA-deficient patients, and false negatives can occur.

Both IgA and IgG gliadin antibody tests may yield false positives due to other autoimmune or inflammatory conditions or cross-reactivity. These tests are less specific and sensitive compared to tissue transglutaminase IgA (tTG-IgA) and deamidated gliadin peptide (DGP) antibody assays, which are preferred for coeliac disease diagnosis. Therefore, elevated gliadin antibodies should prompt further confirmatory testing, and results should be interpreted within the clinical context.

A raised IgA to transglutaminase is suggestive of the diagnosis of Coeliac disease.

False negative results may occur if the patient is on a gluten free diet or had IgA deficiency.

A markedly raised IgA to transglutaminase is more closely associated with Coeliac disease.

POSITIVE TRANSGLUTAMINASE IgA:

Patient is likely to have celiac disease, especially if they also have a positive IgG anti-transglutaminase result. Consider referring patient to specialist for definitive diagnosis, which may include duodenal biopsy.

ACCREDITATION SCOPE: Please note that the above test is currently not under the laboratory's scope of accreditation.

This test was performed by Melbourne Pathology (NATA: 2133).

Methodology

Fluorescence Enzyme Immunoassay (FEIA), Enzyme-Linked Immunosorbent Assay (ELISA)

SAMPLE REPORT

NATA Accreditation No. 20770. The current scope of accreditation is available on the NATA website.