



BOULDER COMMUNITY HOSPITAL
LABORATORIES
1000 ALPINE SUITE 111
BOULDER, CO 80301-9019
Phone: 303-440-2315
Fax: 720-565-3728

Date: 08/24/2013
To: ALEK AND WENDY KOMARNITSKY
Fax: 303-449-3712
Subject: RESULTS
From: Raschida Sine
Company:
Pages: 3
Message:

The information contained in or attached to this facsimile message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by mail to the address above.

Broadway Lab
P.O.Box 9019
Boulder, CO 80301

Foothills Lab
4747 Arapahoe Ave.
Boulder, CO 80303

Community Medical Center
1000 W. South Boulder Rd.
Lafayette, CO 80026

RUN DATE: 08/24/13

RUN TIME: 1133

Name: KOMARNITSKY,DIRK	Pt Ph: 303-926-8253	Loc: BMCELAB	Status: REG REF
Acct#: N00001527381	Unit#: K000514823	DOB: 05/28/1998	Age/Sex: 15/M

Collected: 08/16/13-0912				Received: 08/16/13-1014				Status: COMP				Req #: 02258662			
Subm Dr: CAVANAUGH,CHERYL L								Copies to:							
Ordered: T.TRANSGLUT IGA															
Queries: Patient Accession # NGP616993															
Patient ID # 1005556															
TEST				RESULT				FLAG				REFERENCE			
T.TRANSGLUT IGA				<1.2				()				U/mL			
-- REFERENCE VALUE --															
<4.0 (Negative)															

© MAY - Test performed or referred by Mayo Medical Laboratories, 200 1st St, Rochester, MN 55905

Broadway Lab
 P.O.Box 9019
 Boulder, CO 80301

Foothills Lab
 4747 Arapahoe Ave.
 Boulder, CO 80303

Community Medical Center
 1000 W. South Boulder Rd.
 Lafayette, CO 80026

RUN DATE: 08/24/13

RUN TIME: 1133

Name: KOMARNITSKY,DIRK	Pt Ph: 303-926-8253	Loc: BMCELAB	Status: REG REF
Acct#: N00001527381	Unit#: K000514823	DOB: 05/28/1998	Age/Sex: 15/M

Collected: 08/16/13-0912 Received: 08/16/13-1014 Status: COMP Req #: 02258665			
Subm Dr: CAVANAUGH,CHERYL L		Copies to:	
Ordered: CELIAC COMP CAS			
Queries: Patient Accession # NGP616978 Patient ID # 1005556			
TEST	RESULT	FLAG	REFERENCE
CELIAC COMP CAS			
CELIAC DIS INT	See Comments <i>Permissive genes absent and negative serology. Celiac disease extremely unlikely.</i>	()	MAY
IMMUNOGL A CEL	189	52 - 319 mg/dL	MAY
DQ ALPHA 1	01,05 -- REFERENCE VALUE -- Not Applicable	()	MAY
DQ BETA 1	03,05 Serologic Equivalent: 7,5 -- REFERENCE VALUE -- Not Applicable	()	MAY
CEL GENE PAIRS?	No Method: Low to Medium or High Resolution Molecular Testing	()	MAY

@ MAY - Test performed or referred by Mayo Medical Laboratories, 200 1st St, Rochester, MN 55905