



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: 1134

<b>Name:</b> KOMARNITSKY,KYLE	<b>Pt Ph:</b> 303-926-8253	<b>Loc:</b> BMCELAB	<b>Status:</b> REG REF
<b>Acct#:</b> N00001527403	<b>Unit#:</b> K001002597	<b>DOB:</b> 03/06/2001	<b>Age/Sex:</b> 12/M

<b>Collected:</b> 08/16/13-1016 <b>Received:</b> 08/16/13-1023 <b>Status:</b> COMP <b>Req #:</b> 02258687			
<b>Subm Dr:</b> CAVANAUGH,CHERYL L		<b>Copies to:</b>	
<b>Ordered:</b> T.TRANSGLUT IGA			
<b>Queries:</b> Patient Accession # NGP616990 Patient ID # 1005130			
<b>TEST</b>	<b>RESULT</b>	<b>FLAG</b>	<b>REFERENCE</b>
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: 1134

Name: KOMARNITSKY,KYLE Pt Ph: 303-926-8253 Loc: BMCELAB Status: REG REF  
 Acct#: N00001527403 Unit#: K001002597 DOB: 03/06/2001 Age/Sex: 12/M

Collected: 08/16/13-1016 Received: 08/16/13-1023 Status: COMP Req #: 02258690

Subm Dr: CAVANAUGH,CHERYL L Copies to:  
 Ordered: CELIAC COMP CAS  
 Queries: Patient Accession # NGP616984  
 Patient ID # 1005130

TEST	RESULT	FLAG	REFERENCE
CELIAC COMP CAS			
CELIAC DIS INT	See Comments	()	MAY
	<i>Permissive genes absent and negative serology. Celiac disease extremely unlikely.</i>		
IMMUNOGL A CEL	139	42 - 295 mg/dL	MAY
DQ ALPHA 1	01,01	()	MAY
	-- REFERENCE VALUE -- Not Applicable		
DQ BETA 1	05,06	()	MAY
	Serologic Equivalent: 5,6 -- REFERENCE VALUE -- Not Applicable		
CEL GENE PAIRS?	No	()	MAY
	Method: Low to Medium or High Resolution Molecular Testing		

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