

63 Zillicoa Street Asheville, NC 28801

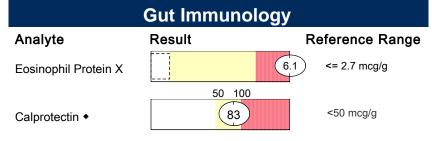
Patient: SAMPLE **PATIENT**

DOB: Sex: MRN:

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2313 Gut Immunology - Stool

Methodology: EIA, immunoturbidimetric

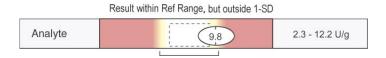


The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ◆, the assay has not been cleared by the U.S. Food and Drug Administration.

Commentary is provided to the practitioner for educational purposes. and should not be interpreted as diagnostic or treatment recommendations. Diagnosis and treatment decisions are the responsibility of the practitioner.

The **Reference Range** is a statistical interval representing 95% or 2 Standard Deviations (2 S.D.) of the reference population.

One Standard Deviation (1 S.D.) is a statistical interval representing 68% of the reference population. Values between 1 and 2 S.D. are not necessarily abnormal. Clinical correlation is suggested. (See example below)



Please note the reference range for Calprotectin has changed.

EPX

Eosinophil Protein X (EPX) reflects IgE-mediated inflammation. Fecal EPX elevations can be associated with several conditions including IBD, IgE-mediated food allergies, parasite or worm infections, and collagenous colitis. Elevated EPX requires further diagnostic testing to determine the cause.

Calprotectin Calprotectin is a neutrophilic marker specific for inflammation in the gastrointestinal tract. It may be elevated with IBD, post-infectious IBS, infection, food allergies, neoplasia and use of nonsteroidal anti-inflammatory drugs (NSAIDs). Fecal calprotectin is FDA-cleared to differentiate between IBD and IBS. Levels <50 mcg/g are considered normal; levels between 50-100 mcg/g are considered borderline and should be re-evaluated at 4-6 weeks; levels >100 mcg/g are considered abnormal. the source of inflammation should be determined, and levels repeated as clinically indicated.