

# Gut Immunology Panel



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Patient: **SAMPLE  
PATIENT**

DOB:

Sex:

MRN:

| Gut Immunology         |        |                 |
|------------------------|--------|-----------------|
| Analyte                | Result | Reference Range |
| Eosinophil Protein X ♦ | 12.5   | <= 4.6 mcg/g    |
| Calprotectin           | 105    | <=50 mcg/g      |

## 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.

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ♦, the assay has 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)

## Calprotectin

Calprotectin is a neutrophilic marker specific for inflammation in the gastrointestinal tract. It is elevated with infection, post-infectious IBS, and NSAID enteropathy. Fecal calprotectin can be used to differentiate IBD vs. IBS, to monitor treatment in IBD, and to determine which patients should be referred for endoscopy and/or colonoscopy. Levels between 50-120 should be repeated at 4-6 weeks and confirmed.

Result within Ref Range, but outside 1-SD

