



LAB #: 999999-9999
PATIENT: Sample Patient
ID:
SEX: Male
DOB: Age: 49

CLIENT #: 12345
DOCTOR: Sample Doctor
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174 U.S.A.

Calprotectin; stool

	RESULT µg/g	REFERENCE INTERVAL	WITHIN	MODERATELY	
			REFERENCE	ELEVATED	ELEVATED
Calprotectin	139	< 50			

Calprotectin is a reliable noninvasive marker for differentiating serious gastrointestinal inflammation associated with Inflammatory Bowel Disease (IBD) from non-IBD gastrointestinal inflammation. Ulcerative colitis and Crohn's disease are types of IBD that usually involve chronic or intermittent diarrhea, abdominal pain, fatigue and weight loss. IBD can be debilitating and sometimes leads to life-threatening complications. Monitoring the levels of fecal calprotectin can play an essential role in determining the effectiveness of clinical interventions, and is a good predictor of IBD remission and relapse. Calprotectin provides clinicians with a valuable tool for differentiating IBD from Irritable bowel syndrome which may present with similar symptomatology, but no or only mild inflammation. Fecal calprotectin levels are clinically valuable for monitoring treatment outcomes and enabling better management of IBD flare ups.

Reference Intervals

<50 µg/g, normal

Fecal calprotectin values <50 µg/g are not indicative of inflammation in the gastrointestinal tract. Individuals with low fecal calprotectin levels normally do not need further investigation by invasive procedures.

50-100 µg/g, moderately elevated

Considered to be equivocal with respect to active IBD. Inflammation at this level may be associated with inflammation variably caused by non-steroidal anti-inflammatories (NSAIDs), alcohol or IBD in remission. Fecal Calprotectin should be reassessed in about 4 weeks.

> 100 µg/g, high calprotectin

High fecal calprotectin may be associated with active IBD, or sometimes cancer. Active IBD usually involves persistent diarrhea, abdominal pain, fatigue and weight loss. Fecal calprotectin should be reassessed in about 4 weeks for confirmation. A confirmatory finding warrants referral to a gastroenterologist for further evaluation.

SPECIMEN DATA

Comments: Result verified by repeat analysis.

Date Collected: 01/06/2020
Date Received: 01/09/2020
Date Reported: 01/10/2020
Methodology: ELISA