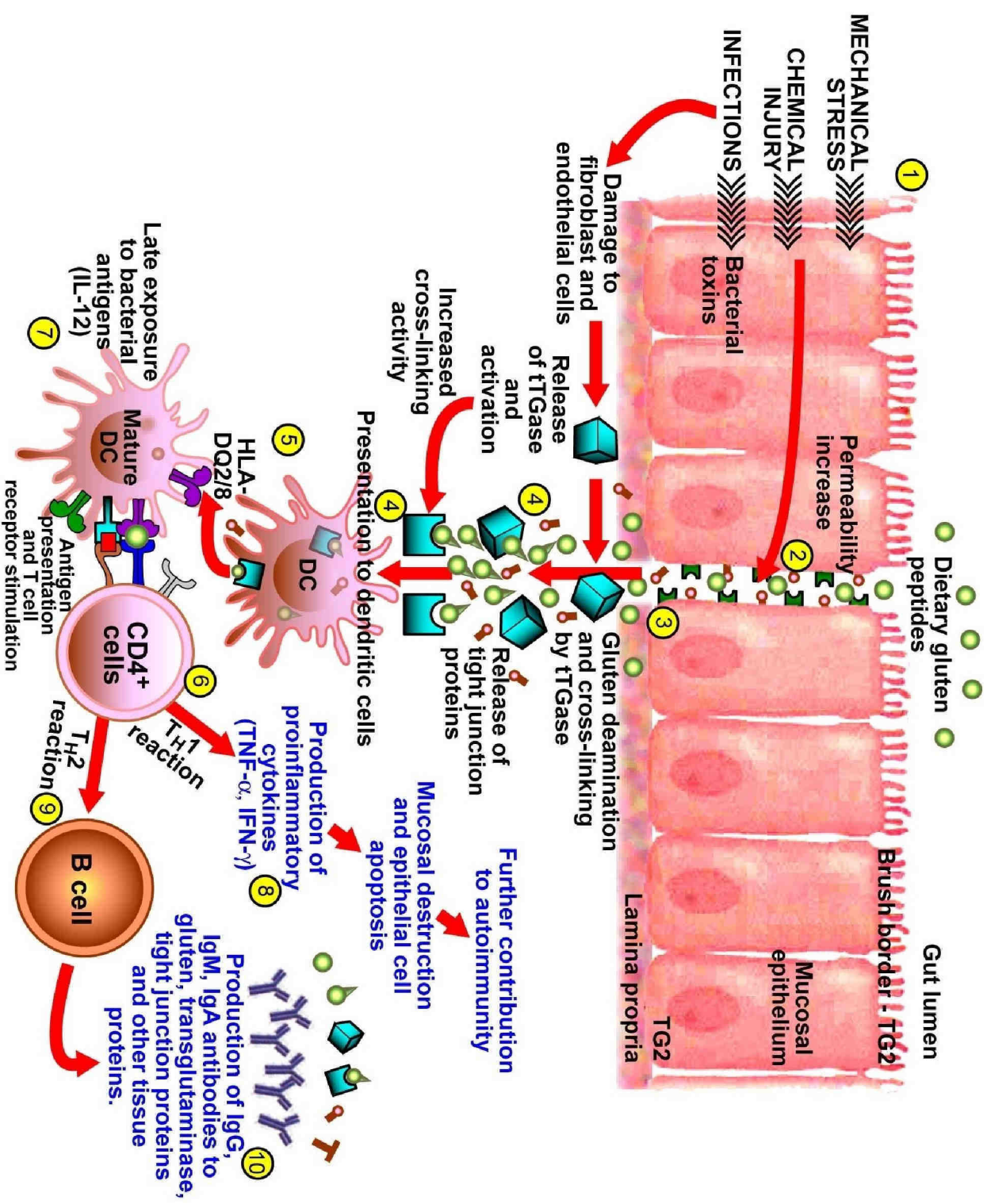
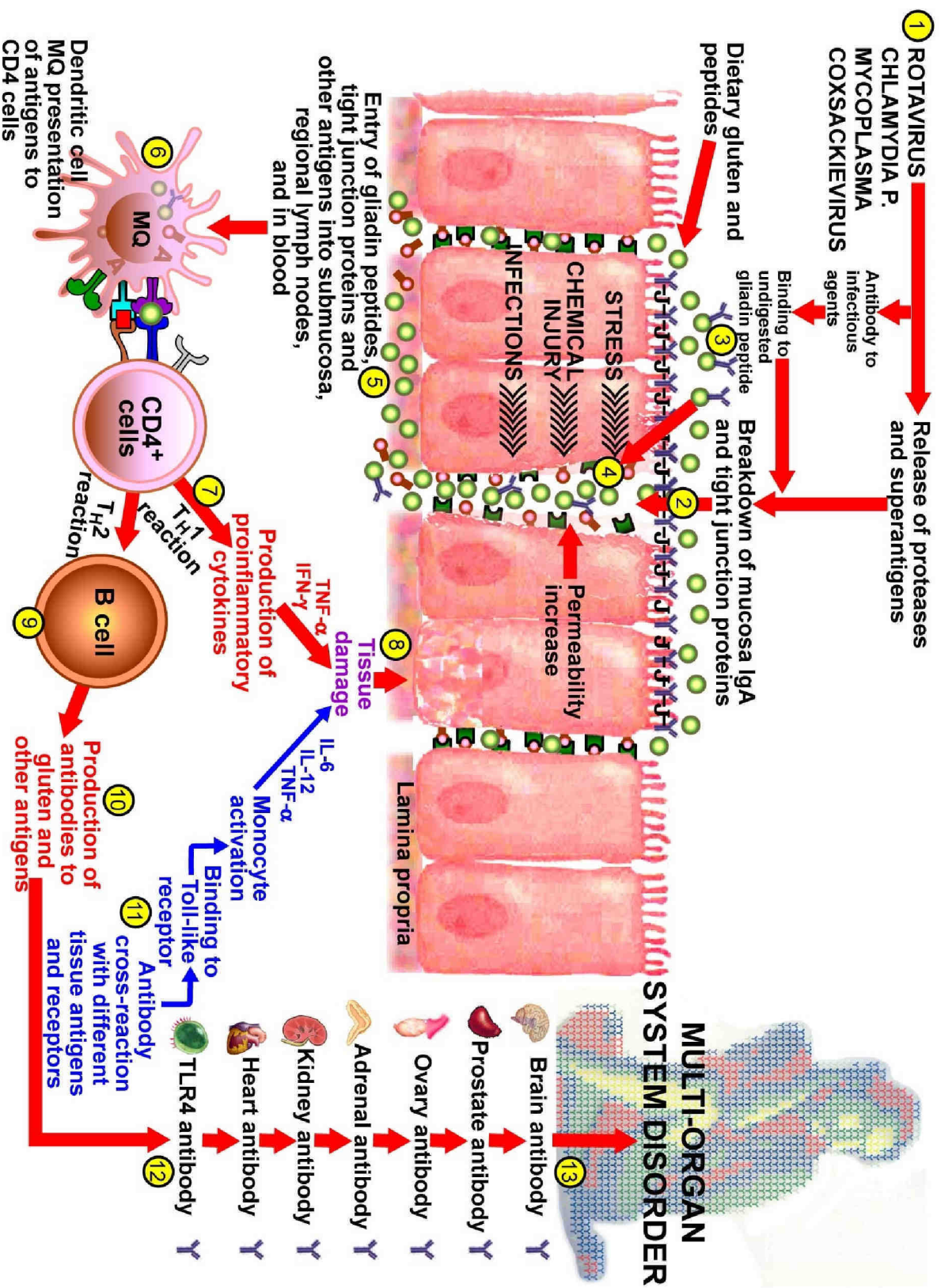


Cellular and molecular induction of immune tolerance to dietary proteins (gliadin).



Depiction of the intestinal mucosa with emphasis on the factors involved in the development of celiac disease in individuals with HLA DQ2/DQ8-positive.



Depiction of immunological mechanisms underlying gluten intolerance and its immunopathological consequences.



TEST REQUEST FORM

Celiac Neuroautoimmune Panel

PATIENT'S NAME (LAST) (FIRST)	
DATE OF BIRTH	DATE & TIME SPECIMEN WAS COLLECTED
STREET ADDRESS	
CITY	STATE ZIP CODE
PHONE (INCLUDE AREA CODE)	GENDER

DOCTOR'S NAME (LAST) (FIRST)	
ADDRESS	
CITY	STATE ZIP CODE
PHONE (INCLUDE AREA CODE)	DIAGNOSIS
Doctor's Signature	

<input type="checkbox"/> Celiac Neuroautoimmune Panel	Catalog Price
- Gliadin (IgG, IgA)	\$100.00
- Gluteomorphin (IgG)	50.00
- Casomorphin (IgG)	50.00
- Milk Butyrophilin (IgG)	50.00
- Transglutaminase (IgG, IgA)	100.00
- Glutamic Acid Decarboxylase (IgG)	50.00
- Heat Shock Protein (IgG)	50.00
- Parietal Cell (IgG)	50.00
- Myelin Basic Protein (IgG, IgM)	100.00
- Neurofilament Protein (IgG, IgM)	100.00
- Thyroglobulin (IgG)	50.00
- Thyroid Peroxidase (IgG)	50.00
- Corn (IgG)	50.00
- Soy (IgG)	50.00
- Egg (IgG)	50.00
- Immunoglobulin (IgA)	25.00
- Saliva Secretory IgA	50.00
Total	\$1025.00

<p>Specimen Requirements: 10 ml Red top tube 4 ml Saliva collected over a <u>24</u> hour period</p> <p style="color: red;">Send by Overnight Carrier to: Immunosciences Lab., Inc. 8693 Wilshire Blvd, Ste 200 Beverly Hills, CA 90211</p>	<p>Pricing: The discounted panel price is \$512.50. Payment required at time of service. Physician Billing option available at physician's request only (net 30 days). Please indicate method of payment:</p> <p style="text-align: center;"> <input type="checkbox"/> Physician Billing <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard </p>
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CREDIT CARD NUMBER	EXPIRATION DATE	DATE	TOTAL \$
CARD HOLDER'S NAME		CARD HOLDER SIGNATURE	