included 0.7% of the multiply tested children and 0.2% of the multiply tested adults. Reasons for re-testing included persistence or worsening of initial symptoms (53%) or development of new symptoms (76%). There were more women (ratio 3:1). 14/17 (82%) patients had 1 initial negative then a subsequent positive test, with a median time between the tests of 20 months (range 3–71 months). 3 (18%) had 2 negative tests then a subsequent positive test with a median time between the first negative test and the positive test of 36 months (range 30–41 months). No patients had a positive test after 3 or more negative tests. Of the 17 patients with a negative followed by positive test, 3 had a family history of CD and 2 children had Down’s Syndrome.

**Conclusion** Clinicians often repeat TTG tests in adults and children when the initial test is negative. The chances of having a positive TTG test after a negative test, even if asymptomatic, is low after a median interval of 21 months - in adults this risk is 0.2% and in children 0.7%. In patients with a low pre-test probability of coeliac disease repeat TTG testing following a negative test is not necessary.

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