

Test Report : Food Groups

Patient Name: Sample Report
 Patient Number: 111
 Date of Birth: 01/01/2000

Analysis Date: 11/11/2021
 Test Reference: Example

ELEVATED (≥30 U/ml)		BORDERLINE (24-29 U/ml)		NORMAL (≤23 U/ml)	
DAIRY / EGG					
94	Egg White	<15	Egg Yolk	86	Milk (Cow)
GRAINS (Gluten-Containing)*					
53	Barley	<15	Gliadin*	<15	Rye
<15	Durum Wheat	45	Oat	21	Wheat
GRAINS (Gluten-Free)					
32	Corn (Maize)	<15	Rice		
FRUIT					
<15	Apple	<15	Lemon	<15	Raspberry
<15	Blackberry	19	Orange	<15	Strawberry
<15	Grapefruit	<15	Pear		
VEGETABLES					
30	Bean (Red Kidney)	<15	Cabbage (Savoy/White)	29	Potato
48	Bean (White Haricot)	<15	Cauliflower	28	Soya Bean
<15	Broccoli	53	Pea		
FISH / SEAFOOD					
<15	Cod	<15	Haddock	<15	Plaice
<15	Crab	18	Lobster	<15	Shrimp/Prawn
MEAT					
<15	Beef	<15	Lamb	<15	Turkey
<15	Chicken	<15	Pork		
NUTS / SEEDS					
<15	Almond	15	Hazelnut		
22	Cashew Nut	16	Peanut		
MISCELLANEOUS					
<15	Yeast (Baker's)	30	Yeast (Brewer's)		

* Gliadin (gluten) is tested separately to the gluten-containing grains. If your Test Report shows an elevated reaction to gliadin, it is important to eliminate consumption of foods that contain these grains, even if the grain results are not elevated. Please refer to the Patient Guidebook for further information.

Test Report : Order of Reactivity

Patient Name: Sample Report
Patient Number: 111
Date of Birth: 01/01/2000

Analysis Date: 11/11/2021
Test Reference: Example

ELEVATED FOODS (≥30 U/ml)

94	Egg White	53	Pea	32	Corn (Maize)
86	Milk (Cow)	48	Bean (White Haricot)	30	Bean (Red Kidney)
53	Barley	45	Oat	30	Yeast (Brewer's)

BORDERLINE FOODS (24-29 U/ml)

29	Potato	28	Soya Bean
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NORMAL FOODS (≤23 U/ml)

22	Cashew Nut	<15	Durum Wheat	<15	Plaice
21	Wheat	<15	Egg Yolk	<15	Blackberry
19	Orange	<15	Rice	<15	Broccoli
18	Lobster	<15	Apple	<15	Shrimp/Prawn
16	Peanut	<15	Cabbage (Savoy/White)	<15	Cod
15	Hazelnut	<15	Grapefruit	<15	Crab
<15	Rye	<15	Lemon	<15	Strawberry
<15	Almond	<15	Raspberry	<15	Turkey
<15	Gliadin*	<15	Cauliflower	<15	Beef
<15	Haddock	<15	Chicken	<15	Lamb
<15	Yeast (Baker's)	<15	Pear	<15	Pork

* Gliadin (gluten) is tested separately to the gluten-containing grains. If your Test Report shows an elevated reaction to gliadin, it is important to eliminate consumption of foods that contain these grains, even if the grain results are not elevated. Please refer to the Patient Guidebook for further information.