

Test Report : Order of Reactivity

Patient Name:	Sample Report	Analysis Date:	08/06/2017
Patient Number:	101	Test Reference:	444
Date of Birth:	01/01/2000		

ELEVATED FOODS (≥30 U/ml)

102	Milk (Cow)	48	Egg White	38	Potato
80	Rice	44	Wheat	33	Yeast (Brewer's)
59	Barley	42	Gliadin*		

BORDERLINE FOODS (24-29 U/ml)

29	Hazelnut	26	Cashew Nut	24	Shrimp/Prawn
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NORMAL FOODS (≤23 U/ml)

18	Cod	13	Pea	0	Beef
18	Lobster	11	Lamb	0	Blackberry
18	Peanut	10	Almond	0	Cauliflower
17	Corn (Maize)	10	Crab	0	Chicken
17	Haddock	9	Rye	0	Grapefruit
17	Oat	6	Yeast (Baker's)	0	Lemon
15	Bean (Red Kidney)	5	Cabbage (Savoy/White)	0	Orange
15	Bean (White Haricot)	2	Pork	0	Plaice
14	Durum Wheat	1	Broccoli	0	Raspberry
14	Egg Yolk	1	Pear	0	Strawberry
14	Soya Bean	0	Apple	0	Turkey

* 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.