

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)

No Elevated Foods

BORDERLINE FOODS (24-29 U/ml)

No Borderline Foods

NORMAL FOODS (≤23 U/ml)

14	Ginger	0	Camomile	0	Nettle
10	Cinnamon	0	Cayenne	0	Nutmeg
5	Chilli (Red)	0	Clove	0	Parsley
4	Curry (Mixed Spices)	0	Coriander (Leaf)	0	Peppercorn (Black/White)
4	Peppermint	0	Dill	0	Rosemary
3	Ginkgo	0	Garlic	0	Saffron
3	Mustard Seed	0	Ginseng	0	Sage
1	Cumin	0	Hops	0	Tarragon
0	Aniseed	0	Liquorice	0	Thyme
0	Basil	0	Marjoram	0	Vanilla
0	Bayleaf	0	Mint		

* 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.