

Test Report : Order of Reactivity

Patient Name: Sample Report
Patient Number: 123
Date of Birth: 09/08/1976

Analysis Date: 23/05/2013
Test Reference: abc

ELEVATED FOODS (≥30 U/ml)

76	Milk (Cow)	36	Barley	30	Almond
49	Wheat	35	Mushroom		
39	Mustard Seed	33	Milk (Goat)		

BORDERLINE FOODS (24-29 U/ml)

26	Cashew Nut	26	Pistachio
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NORMAL FOODS (≤23 U/ml)

23	Yeast (Brewer's)	0	Avocado	0	Oyster
21	Bean (Red Kidney)	0	Bean (White Haricot)	0	Pear
17	Pea	0	Beef	0	Peppercorn (Black/White)
16	Durum Wheat	0	Blackberry	0	Pineapple
13	Corn (Maize)	0	Brussel Sprout	0	Plaice
11	Egg Yolk	0	Carrot	0	Pork
10	Egg White	0	Cauliflower	0	Potato
8	Brazil Nut	0	Cherry	0	Raspberry
8	Cod	0	Chicken	0	Rice
7	Cabbage (Savoy/White)	0	Chilli (Red)	0	Rye
7	Peanut	0	Garlic	0	Salmon
6	Ginger	0	Gliadin*	0	Soya Bean
6	Lobster	0	Grapefruit	0	Strawberry
4	Shrimp/Prawn	0	Haddock	0	Trout
3	Hazelnut	0	Lamb	0	Tuna
2	Broccoli	0	Lemon	0	Turkey
2	Grape (Black/Red/White)	0	Lime	0	Yeast (Baker's)
1	Crab	0	Oat		
0	Apple	0	Orange		

* 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.