



IgG Food Antibody Assessment (Serum)



63 Zillicoa Street
Asheville, NC 28801
© Genova Diagnostics

Patient: **SAMPLE**
PATIENT

DOB:

Sex:

MRN:

IgG Food Antibody Results

Dairy	Vegetables	Fish/Shellfish	Nuts and Grains
Casein VL	Alfalfa 2+	Clam 0	Almond VL
Cheddar cheese 0	Asparagus 3+	Cod 1+	Buckwheat 3+
Cottage cheese 1+	Avocado 0	Crab 3+	Corn 1+
Cow's milk 1+	Beets 0	Lobster 3+	Corn gluten 2+
Goat's milk VL	Broccoli 1+	Oyster VL	Gluten VL
Lactalbumin 1+	Cabbage 1+	Red snapper 0	Kidney bean 1+
Yogurt VL	Carrot 0	Salmon 0	Lentil 2+
Fruits	Celery 0	Sardine 0	Lima bean 2+
Apple VL	Cucumber 1+	Shrimp 2+	Oat VL
Apricot 0	Garlic 0	Sole 0	Peanut VL
Banana 3+	Green Pepper VL	Trout 0	Pecan 2+
Blueberry 1+	Lettuce 1+	Tuna 0	Pinto bean VL
Cranberry 3+	Mushroom 1+	Poultry/Meats	Rice 1+
Grape VL	Olive 1+	Beef 0	Rye VL
Grapefruit 1+	Onion 0	Chicken 0	Sesame 3+
Lemon 2+	Pea VL	Egg white 1+	Soy 0
Orange 1+	Potato, sweet 0	Egg yolk 1+	Sunflower seed VL
Papaya 0	Potato, white 0	Lamb 0	Walnut 1+
Peach 0	Spinach VL	Pork 0	Wheat VL
Pear 0	String bean VL	Turkey 0	Miscellaneous
Pineapple 3+	Tomato VL		Yeast 1+
Plum VL	Zucchini VL		Cane sugar VL
Raspberry 0			Chocolate 1+
Strawberry 0			Coffee 1+
Total IgE			
Inside Outside Reference Range			
Total IgE ♦ 			

0	None Detected	VL	Very Low	1+	Low	2+	Moderate	3+	High
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- The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ♦, the assay has not been cleared by the U.S. Food and Drug Administration.
- Total IgE level may have clinical significance regardless of specific antibody levels.
- Increasing levels of antibody detected suggest an increasing probability of clinical reactivity to specific foods.
- The Elimination Diet commentary is specific to IgG results only. Allergens inducing an IgE response should be completely avoided.

Laboratory Comments

Summary of IgG Test Results

Reactive / Non-Reactive Foods

3+ High

Asparagus	Banana	Buckwheat	Coconut
Crab	Cranberry	Curry	Garbanzo
Ginger	Lobster	Pineapple	Sesame
Vanilla			

2+ Moderate

Alfalfa	Bean sprout	Cashew	Corn gluten
Fennel	Lemon	Lentil	Lima bean
Oat bran	Pecan	Shrimp	Watermelon
Wild rice			

1+ Low

Blueberry	Broccoli	Cabbage	Chocolate
Cod	Coffee	Corn	Cottage cheese
Cow's milk	Cucumber	Cumin	Egg white
Egg yolk	Grapefruit	Kidney bean	Lactalbumin
Lettuce	Marjoram	Mushroom	Olive
Orange	Pistachio	Rice	Thyme
Walnut	Wheat bran	Yeast	

VL Very Low

Allspice	Almond	Apple	Basil
Black Pepper	Cane sugar	Cantaloupe	Casein
Cayenne	Cinnamon	Cloves	Filbert
Flax seed	Gluten	Goat's milk	Grape
Green pepper	Horseradish	Millet	Oat
Oyster	Paprika	Parmesan cheese	Pea
Peanut	Pinto bean	Plum	Rye
Sage	Spinach	String bean	Sunflower seed
Tomato	Wheat	Yogurt	Zucchini

0 None Detected

Apricot	Artichoke	Avocado	Bay leaf
Beef	Beets	Carrot	Celery
Cheddar cheese	Cherry	Chicken	Clam
Dill	Garlic	Kamut	Lamb
Mung bean	Mustard	Navy bean	Nutmeg
Onion	Oregano	Papaya	Parsley
Peach	Pear	Peppermint	Pork
Potato, sweet	Potato, white	Raspberry	Red Snapper
Rosemary	Safflower	Salmon	Sardine
Sole	Soy	Strawberry	Triticale
Trout	Tuna	Turkey	

Commentary

Overview

Immunoglobulin G (IgG) antibodies that elicit an immune response to food are in a class distinct from Immunoglobulin E (IgE) food allergy reactions. IgG-mediated food responses are described as delayed hypersensitivity reactions and have been associated in the peer-reviewed literature with an array of common clinical conditions including migraine, obesity, asthma, autoimmune diseases, and irritable bowel syndrome.

IgG Testing: Factors to Consider

IgG testing can be very useful in screening foods that a person is eating on a regular basis and which may be causing adverse reactions. However, it is possible to have adverse reactions to foods with low or non-detected levels of IgG. Because the IgG profile measures exposure of the immune system to food antigens, performing this test on a patient who is not consuming a particular food or who is taking a drug with known ability to suppress immune function (i.e. steroids) may result in the test not showing a positive reaction, potentially leading to a false negative result for the particular food. Be advised that if the patient is already on an elimination diet due to known food reactions, a negative result on an IgG food antibody profile does not necessarily mean that they can freely eat the food without experiencing symptoms.

IgG Results Interpretation

The amount of IgG antibodies is measured using a semi-quantitative ELISA assay procedure. The relative degrees of IgG present for each food are reported using a semi-quantitative level; None Detected (0), VL (very low), Low (1+), Moderate (2+) or High (3+). The degree of reactivity may not correlate with the severity of patient's response, therefore clinical correlation is advised as it can help direct treatment.

Clinical Management of Reactive IgG Foods: Elimination Diet

The purpose of an elimination diet is to pinpoint symptom-triggering foods that may be the root cause of and/or perpetuating chronic health issues. This diet is specific to food sensitivities that elicit an Immunoglobulin G (IgG) response and not those defined as classic (IgE-mediated) food allergy reactions. An elimination diet is a strategic process which depends on the oversight of the healthcare provider to ensure that a patient's nutritional requirements - macronutrient, micronutrient, and caloric needs - are adequate.

Four-Phases of an Elimination Diet



PHASE 1 – PREPARATION

A patient's clinical presentation and the IgG Food Antibody Assessment results typically determine which food(s) to temporarily remove from the diet. The average time frame for an elimination diet is 1 to 3 months. It is optimal to work with the patient to determine a start and end date for the elimination diet. Patient guidance around preparation ahead of the start date is important to ensure success. These include: (1) encouraging the patient to remove offending foods from the home and adjust grocery shopping accordingly; (2) providing the patient with resources that advance meal preparation, such as recipe books or reputable websites. Directing the patient to record foods consumed, date of consumption/elimination, and any notable changes in symptoms in a food journal can help track the progress of the diet.

Commentary



PHASE 2 – ELIMINATION

It is important to ensure the patient avoids those foods which resulted in a demonstrable reaction, either in whole food forms or as ingredients in other prepared foods to gain the greatest benefit. For patients unable to eliminate all reactive foods from their diet, focusing on the foods that elicited a stronger reaction (i.e.: 2+ and 3+) may be considered for an elimination diet. Practitioners may also encourage elimination of a complete food group when the patient shows reactivity to all foods tested within that group.



PHASE 3 – REINTRODUCTION

The reintroduction of eliminated foods is done one food at a time while monitoring for any adverse reaction. The patient should consume the test food several times throughout the day for several days. If symptoms occur with reintroduction, the patient should be instructed to remove that food once again and to evaluate whether the symptoms diminish over the next few days following elimination. Signs which may indicate an IgG food reaction include the following: headache, itching, bloating, fatigue, diarrhea or constipation, and indigestion. If the food does not cause symptoms during the reintroduction phase, it can be added back into the diet. The patient should continue this process with each food eliminated.

CAUTION: *All patients warrant counseling related to signs and management of immediate hypersensitivity reactions prior to food reintroduction following an elimination diet. If reintroduction of a food causes an immediate allergic reaction (i.e. swelling of face, mouth, tongue, etc.; wheezing, rash/hives, or other allergic symptoms), it is imperative that the patient be treated as soon as possible. Following resolution of the immediate hypersensitivity reaction, the patient should be instructed to completely avoid consumption of that food.*



PHASE 4 – LONG TERM MANAGEMENT

An elimination diet based on food sensitivity testing is part of a comprehensive approach to overall gastrointestinal health. Based on the test results and the complete clinical presentation of the patient, a long-term plan is usually developed utilizing the results of the reintroduction phase. Clinicians may also consider assessing and treating intestinal permeability, as gut barrier integrity is important for proper immune responses to foods. Nutrients that have been found to support intestinal barrier and decrease potential inflammation are glutamine, vitamin A, vitamin D, essential fatty acids (Omega-3), probiotics, and butyrate. Botanicals that can also be considered to assist with intestinal health are slippery elm, deglycyrrhizinated licorice (DGL), Aloe vera extract, and marshmallow root.

IgE Food Antibody Assessment



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Patient: **SAMPLE PATIENT**

DOB:

Sex:

MRN:

IgE Food Antibody Results

	RESULT kU/L	CLASS	INDICATOR		RESULT kU/L	CLASS	INDICATOR
Grains				Nuts			
Buckwheat	<0.24	0/1	<input type="checkbox"/>	Almond	<0.24	0/1	<input type="checkbox"/>
Corn	<0.24	0/1	<input type="checkbox"/>	Brazil nut	<0.24	0/1	<input type="checkbox"/>
Oat	<0.24	0/1	<input type="checkbox"/>	Coconut	<0.24	0/1	<input type="checkbox"/>
Rice	<0.24	0/1	<input type="checkbox"/>	Hazelnut	<0.24	0/1	<input type="checkbox"/>
Sesame	<0.24	0/1	<input type="checkbox"/>	Peanut	<0.24	0/1	<input type="checkbox"/>
Soybean	<0.24	0/1	<input type="checkbox"/>	Seafood			
Wheat	<0.24	0/1	<input type="checkbox"/>	Blue mussel	<0.24	0/1	<input type="checkbox"/>
Dairy				Codfish	<0.24	0/1	<input type="checkbox"/>
Egg white	<0.24	0/1	<input type="checkbox"/>	Salmon	<0.24	0/1	<input type="checkbox"/>
Cow's milk	<0.24	0/1	<input type="checkbox"/>	Shrimp	<0.24	0/1	<input type="checkbox"/>
				Tuna	<0.24	0/1	<input type="checkbox"/>

Total IgE

	Inside	Outside	Reference Range
Total IgE	<input type="text" value=""/>	<input type="text" value="520.0"/>	<=87.0 IU/mL

- IgE levels must be used in conjunction with the clinical picture and are not intended to be independently diagnostic.
- The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. All assays are cleared by the U.S. Food and Drug Administration.
- Total IgE level may have clinical significance regardless of specific antibody levels.
- Increasing levels of antibody detected suggest an increasing clinical reactivity to specific foods.

Key

Class	kU/L	Levels of Specific IgE	Indicator
0/1	<=0.24	Undetectable or Equivocal	<input type="checkbox"/>
I	0.25 - 0.39	Low	<input type="checkbox"/>
II	0.4 - 1.29	Moderate	<input type="checkbox"/>
III	1.3 - 3.89	High	<input type="checkbox"/>
IV	3.9 - 14.99	Very High	<input type="checkbox"/>
V	15 - 24.99	Very High	<input type="checkbox"/>
VI	>=25	Very High	<input type="checkbox"/>

Laboratory Comments

IgG Vegetarian Food Profile



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Asheville, NC 28801
© Genova Diagnostics

Patient: **SAMPLE PATIENT**

DOB:

Sex:

MRN:

<i>IgG Vegetable Food Results</i>					
Artichoke	0		Garbanzo	3+	
Bean sprout	2+		Filbert	VL	
Cantaloupe	VL		Kamut	0	
Cashew	2+		Millet	VL	
Cherry	0		Mung bean	0	
Coconut	3+		Navy bean	0	
Flax seed	VL		Oat bran	2+	
			Parmesan cheese	VL	
			Pistachio	1+	
			Safflower	0	
			Triticale	0	
			Watermelon	2+	
			Wheat bran	1+	
			Wild rice	2+	

<i>Total IgE</i>			
	Inside	Outside	Reference Range
Total IgE ♦			<=87.0 IU/mL

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- Increasing levels of antibody detected suggest an increasing probability of clinical reactivity to specific foods.

- Total IgE level may have clinical significance regardless of specific antibody levels.

0		None Detected	VL		Very Low	1+		Low	2+		Moderate	3+		High
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Laboratory Comments

Patient: **SAMPLE**
PATIENT

DOB:

Sex:

MRN:

1005 IgG Spice Profile - Serum

Methodology: EIA and Chemiluminescent

IgG Spice Antibody Results					
Allspice	0		Curry	0	
Basil	VL		Dill	0	
Bayleaf	VL		Fennel	1+	
Black Pepper	1+		Ginger	1+	
Cayenne	VL		Marjoram	1+	
Cinnamon	VL		Mustard	0	
Cloves	VL		Nutmeg	0	
Cumin	2+		Oregano	0	
			Paprika	VL	
			Parsley	0	
			Peppermint	0	
			Rosemary	0	
			Sage	VL	
			Thyme	VL	
			Vanilla	3+	

Total IgE			
	Inside	Outside	Reference Range
Total IgE ♦			<=87.0 IU/mL

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- Increasing levels of antibody detected suggest an increasing probability of clinical reactivity to specific foods.

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0		None Detected	VL		Very Low	1+		Low	2+		Moderate	3+		High
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Lab Comments

IgE Inhalants Profile

Texas +

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Asheville, NC 28801
© Genova Diagnostics



Patient: **SAMPLE PATIENT**

DOB:

Sex:

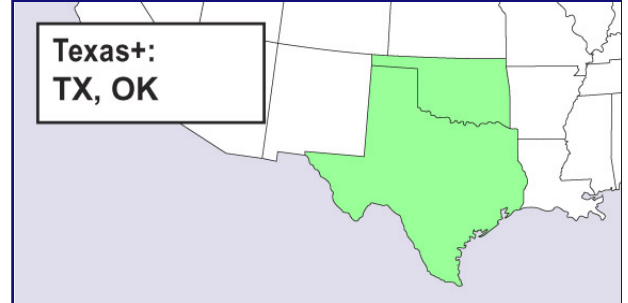
MRN:

IgE Antibody Levels

INHALANT	RESULT	CLASS	INDICATOR
	kU/L		
Trees			
Maple	<0.24	0/1	<input type="checkbox"/>
Mountain Cedar	3.27	III	<input checked="" type="checkbox"/>
Grasses			
Bermuda Grass	0.67	II	<input type="checkbox"/>
June Grass (Kentucky Blue)	2.87	III	<input checked="" type="checkbox"/>
Perennial Rye Grass	3.57	III	<input checked="" type="checkbox"/>
Weeds			
Lamb's quarters	<0.24	0/1	<input type="checkbox"/>
English Plantain	<0.24	0/1	<input type="checkbox"/>
Rough Marsh Elder	<0.24	0/1	<input type="checkbox"/>
Giant Ragweed	<0.24	0/1	<input type="checkbox"/>
Molds			
Mold Generic	0.89	II	<input type="checkbox"/>
Misc.			
Cat dander	<0.24	0/1	<input type="checkbox"/>
Cockroach	<0.24	0/1	<input type="checkbox"/>
Dog dander	<0.24	0/1	<input type="checkbox"/>
Mite - D. farinae	0.57	II	<input type="checkbox"/>
Mite - D. microceras	0.77	II	<input type="checkbox"/>
Mite - D. pteronyssinus	0.41	II	<input type="checkbox"/>

Lab Comments

Inhalant Region



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Total IgE

	Inside	Outside	Reference Range
Total IgE	<input type="checkbox"/>	<input checked="" type="checkbox"/> 520.0	<=87.0 IU/mL

Key

Class	kU/L	Levels of Specific IgE	Indicator
0/1	<=0.24	Undetectable or Equivocal	<input type="checkbox"/>
I	0.25 - 0.39	Low	<input type="checkbox"/>
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III	1.3 - 3.89	High	<input checked="" type="checkbox"/>
IV	3.9 - 14.99	Very High	<input checked="" type="checkbox"/>
V	15 - 24.99	Very High	<input checked="" type="checkbox"/>
VI	>=25	Very High	<input checked="" type="checkbox"/>



Patient: **SAMPLE PATIENT**

DOB:

Sex:

MRN:

IgE Mold Antibody Results

INHALANT	RESULT kU/L	CLASS	INDICATOR
Aspergillus fumigatus	<0.24	0/1	
Alternaria tenuis (Alternaria alternata)	3.12	III	
Candida albicans	<0.24	0/1	
Cladosporium herbarum	<0.24	0/1	
Curvularia lunata	0.36	I	
Epicoccum purpurascens	<0.24	0/1	
Fusarium moniliforme	<0.24	0/1	
Helminthosporium halodes	<0.24	0/1	
Mucor racemosus	<0.24	0/1	
Penicillium notatum	<0.24	0/1	
Phoma betae	0.4	II	
Pityrosporum orbiculare	0.42	II	
Rhizopus nigricans	0.53	II	
Stemphylium botryosum	0.81	II	
Trichoderma viride	0.25	I	

Key

Class	kU/L	Levels of Specific IgE	Indicator
0/1	<=0.24	Undetectable or Equivocal	
I	0.25 - 0.39	Low	
II	0.4 - 1.29	Moderate	
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VI	>=25	Very High	

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Total IgE

	Inside	Outside	Reference Range
Total IgE			<=87.0 IU/mL

Lab Comments

Celiac & Gluten Sensitivities

IMMUNOLOGY



63 Zillicoa Street
Asheville, NC 28801
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Patient: **SAMPLE PATIENT**

DOB:

Sex:

MRN:

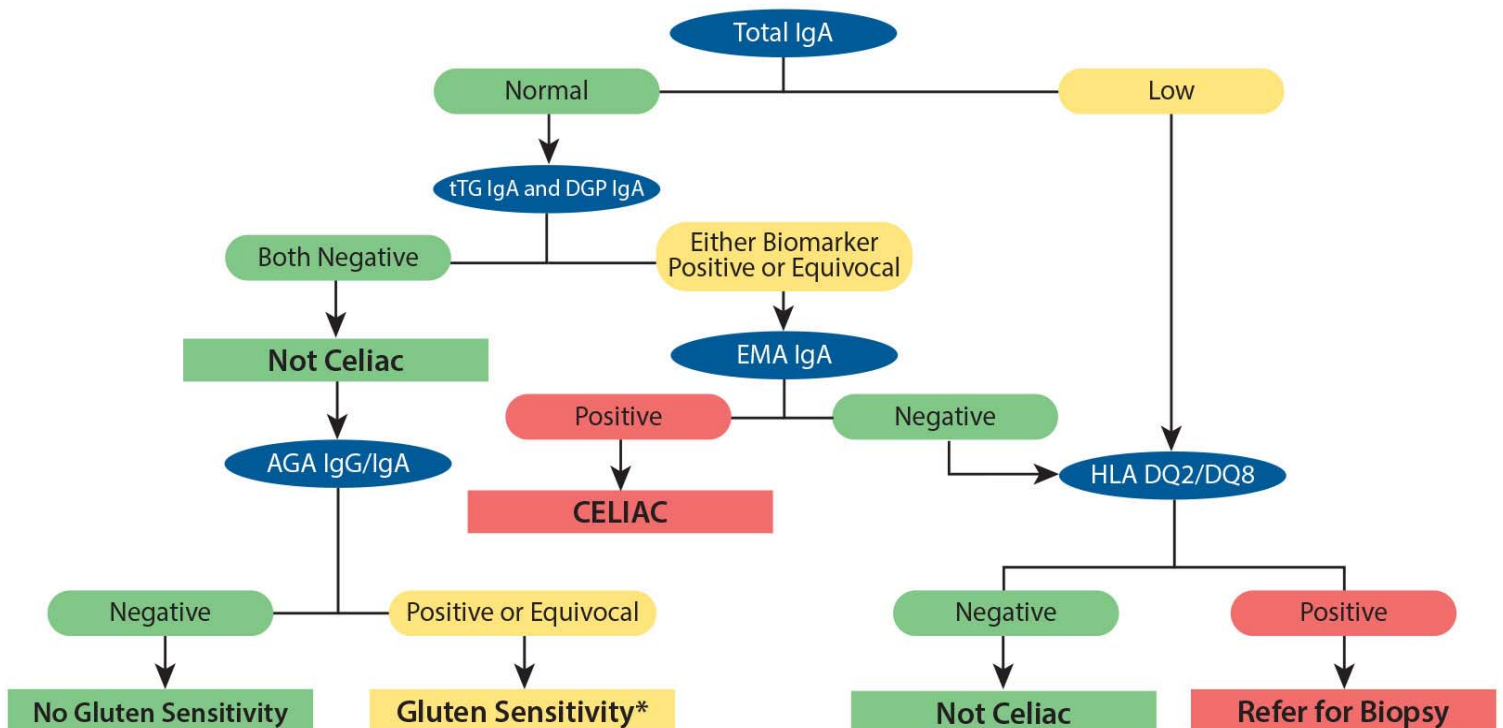
1006 Celiac & Gluten Sensitivities-Serum

Immunologic Markers

Biomarker	Result	Reference Range
Total IgA	114 Sufficient	68-514 mg/dL
Anti-Tissue Transglutaminase IgA (tTG IgA)	0.5 Negative	<=6.9 U/ml
Anti-Deamidated Gliadin IgA (DGP IgA)	0.6 Negative	<=6.9 U/ml
Anti-Gliadin IgA (AGA IgA)	0.6 Negative	<=6.9 U/ml
Anti-Gliadin IgG (AGA IgG)	0.4 Negative	<=6.9 U/ml

Interpretation

Patient results are normal. Clinical Correlation advised. A trial of a Gluten Free Diet may be required to exclude Gluten Sensitivity.



Commentary

Methodology: FEIA, Immunoturbidometric and IFA (when EMA IgA testing is performed)

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ♦, the assay has been cleared by the U.S. Food and Drug Administration.

*AGA IgG/IgA is positive in only about 50% of patients with Gluten Sensitivity. Therefore, clinical correlation is required and a trial of a Gluten Free Diet may be indicated to confirm diagnosis. Volta U, De Giorgio R. New understanding of gluten sensitivity. Nat Rev Gastroenterol Hepatol. 2012 Feb 28;9(5):295-9

Patient: **SAMPLE**
PATIENT

DOB:

Sex:

MRN:

1001 IgG Food Antibodies Profile - Serum

Methodology: EIA and Chemiluminescent

IgG Food Antibody Results			
Dairy Casein VL <input checked="" type="checkbox"/> Cheddar cheese VL <input checked="" type="checkbox"/> Cottage cheese VL <input checked="" type="checkbox"/> Cow's milk 1+ <input checked="" type="checkbox"/> Goat's milk 0 <input type="checkbox"/> Lactalbumin VL <input checked="" type="checkbox"/> Yogurt 1+ <input checked="" type="checkbox"/> Fruits Apple 0 <input type="checkbox"/> Apricot 0 <input type="checkbox"/> Banana 0 <input type="checkbox"/> Blueberry 0 <input type="checkbox"/> Cranberry 0 <input type="checkbox"/> Grape VL <input checked="" type="checkbox"/> Grapefruit 0 <input type="checkbox"/> Lemon 0 <input type="checkbox"/> Orange 0 <input type="checkbox"/> Papaya 0 <input type="checkbox"/> Peach VL <input checked="" type="checkbox"/> Pear 0 <input type="checkbox"/> Pineapple 1+ <input checked="" type="checkbox"/> Plum 0 <input type="checkbox"/> Raspberry 0 <input type="checkbox"/> Strawberry 0 <input type="checkbox"/>	Vegetables Alfalfa 0 <input type="checkbox"/> Asparagus VL <input checked="" type="checkbox"/> Avocado 0 <input type="checkbox"/> Beets 0 <input type="checkbox"/> Broccoli VL <input checked="" type="checkbox"/> Cabbage 0 <input type="checkbox"/> Carrot 0 <input type="checkbox"/> Celery 0 <input type="checkbox"/> Cucumber 0 <input type="checkbox"/> Garlic 1+ <input checked="" type="checkbox"/> Green Pepper 0 <input type="checkbox"/> Lettuce 0 <input type="checkbox"/> Mushroom 0 <input type="checkbox"/> Olive 0 <input type="checkbox"/> Onion 0 <input type="checkbox"/> Pea 0 <input type="checkbox"/> Potato, sweet 0 <input type="checkbox"/> Potato, white VL <input checked="" type="checkbox"/> Spinach VL <input checked="" type="checkbox"/> String bean VL <input checked="" type="checkbox"/> Tomato VL <input checked="" type="checkbox"/> Zucchini 0 <input type="checkbox"/>	Fish/Shellfish Clam 0 <input type="checkbox"/> Cod 0 <input type="checkbox"/> Crab 0 <input type="checkbox"/> Lobster 0 <input type="checkbox"/> Oyster 0 <input type="checkbox"/> Red snapper 0 <input type="checkbox"/> Salmon 0 <input type="checkbox"/> Sardine 0 <input type="checkbox"/> Shrimp 0 <input type="checkbox"/> Sole 0 <input type="checkbox"/> Trout 0 <input type="checkbox"/> Tuna 0 <input type="checkbox"/> Poultry/Meats Beef 0 <input type="checkbox"/> Chicken 0 <input type="checkbox"/> Egg white 0 <input type="checkbox"/> Egg yolk 0 <input type="checkbox"/> Lamb 0 <input type="checkbox"/> Pork 0 <input type="checkbox"/> Turkey 0 <input type="checkbox"/>	Nuts and Grains Almond VL <input checked="" type="checkbox"/> Buckwheat VL <input checked="" type="checkbox"/> Corn 0 <input type="checkbox"/> Corn gluten 1+ <input checked="" type="checkbox"/> Gluten 3+ <input checked="" type="checkbox"/> Kidney bean VL <input checked="" type="checkbox"/> Lentil 0 <input type="checkbox"/> Lima bean 0 <input type="checkbox"/> Oat 0 <input type="checkbox"/> Peanut 0 <input type="checkbox"/> Pecan 0 <input type="checkbox"/> Pinto bean 0 <input type="checkbox"/> Rice VL <input checked="" type="checkbox"/> Rye 0 <input type="checkbox"/> Sesame 3+ <input checked="" type="checkbox"/> Soy VL <input checked="" type="checkbox"/> Sunflower seed 3+ <input checked="" type="checkbox"/> Walnut VL <input checked="" type="checkbox"/> Wheat 3+ <input checked="" type="checkbox"/> Miscellaneous Yeast VL <input checked="" type="checkbox"/> Cane sugar VL <input checked="" type="checkbox"/> Chocolate VL <input checked="" type="checkbox"/> Coffee 3+ <input checked="" type="checkbox"/>
Total IgE			
Total IgE ♦		Inside <input checked="" type="checkbox"/> 9.2	Outside <input type="checkbox"/> Reference Range <=87.0 IU/mL

0 <input type="checkbox"/> None Detected	VL <input checked="" type="checkbox"/> Very Low	1+ <input checked="" type="checkbox"/> Low	2+ <input type="checkbox"/> Moderate	3+ <input checked="" type="checkbox"/> High
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Laboratory Comments

Summary of IgG Test Results

Reactive / Non-Reactive Foods

3+ High

Coffee	Gluten	Sesame	Sunflower seed
Wheat			

1+ Low

Corn gluten	Cow's milk	Garlic	Pineapple
Yogurt			

VL Very Low

Almond	Asparagus	Broccoli	Buckwheat
Cane sugar	Casein	Cheddar cheese	Chocolate
Cottage cheese	Grape	Kidney bean	Lactalbumin
Peach	Potato, white	Rice	Soy
Spinach	String bean	Tomato	Walnut
Yeast			

0 None Detected

Alfalfa	Apple	Apricot	Avocado
Banana	Beef	Beets	Blueberry
Cabbage	Carrot	Celery	Chicken
Clam	Cod	Corn	Crab
Cranberry	Cucumber	Egg white	Egg yolk
Goat's milk	Grapefruit	Green pepper	Lamb
Lemon	Lentil	Lettuce	Lima bean
Lobster	Mushroom	Oat	Olive
Onion	Orange	Oyster	Papaya
Pea	Peanut	Pear	Pecan
Pinto bean	Plum	Pork	Potato, sweet
Raspberry	Red Snapper	Rye	Salmon
Sardine	Shrimp	Sole	Strawberry
Trout	Tuna	Turkey	Zucchini



Commentary

Overview

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Four-Phases of an Elimination Diet



PHASE 1 – PREPARATION

A patient's clinical presentation and the IgG Food Antibody Assessment results typically determine which food(s) to temporarily remove from the diet. The average time frame for an elimination diet is 1 to 3 months. It is optimal to work with the patient to determine a start and end date for the elimination diet. Patient guidance around preparation ahead of the start date is important to ensure success. These include: (1) encouraging the patient to remove offending foods from the home and adjust grocery shopping accordingly; (2) providing the patient with resources that advance meal preparation, such as recipe books or reputable websites. Directing the patient to record foods consumed, date of consumption/elimination, and any notable changes in symptoms in a food journal can help track the progress of the diet.



Commentary



PHASE 2 – ELIMINATION

It is important to ensure the patient avoids those foods which resulted in a demonstrable reaction, either in whole food forms or as ingredients in other prepared foods to gain the greatest benefit. For patients unable to eliminate all reactive foods from their diet, focusing on the foods that elicited a stronger reaction (i.e.: 2+ and 3+) may be considered for an elimination diet. Practitioners may also encourage elimination of a complete food group when the patient shows reactivity to all foods tested within that group.



PHASE 3 – REINTRODUCTION

The reintroduction of eliminated foods is done one food at a time while monitoring for any adverse reaction. The patient should consume the test food several times throughout the day for several days. If symptoms occur with reintroduction, the patient should be instructed to remove that food once again and to evaluate whether the symptoms diminish over the next few days following elimination. Signs which may indicate an IgG food reaction include the following: headache, itching, bloating, fatigue, diarrhea or constipation, and indigestion. If the food does not cause symptoms during the reintroduction phase, it can be added back into the diet. The patient should continue this process with each food eliminated.

CAUTION: All patients warrant counseling related to signs and management of immediate hypersensitivity reactions prior to food reintroduction following an elimination diet. If reintroduction of a food causes an immediate allergic reaction (i.e. swelling of face, mouth, tongue, etc.; wheezing, rash/hives, or other allergic symptoms), it is imperative that the patient be treated as soon as possible. Following resolution of the immediate hypersensitivity reaction, the patient should be instructed to completely avoid consumption of that food.



PHASE 4 – LONG TERM MANAGEMENT

An elimination diet based on food sensitivity testing is part of a comprehensive approach to overall gastrointestinal health. Based on the test results and the complete clinical presentation of the patient, a long-term plan is usually developed utilizing the results of the reintroduction phase. Clinicians may also consider assessing and treating intestinal permeability, as gut barrier integrity is important for proper immune responses to foods. Nutrients that have been found to support intestinal barrier and decrease potential inflammation are glutamine, vitamin A, vitamin D, essential fatty acids (Omega-3), probiotics, and butyrate. Botanicals that can also be considered to assist with intestinal health are slippery elm, deglycyrrhizinated licorice (DGL), Aloe vera extract, and marshmallow root.

For additional information on the elimination diet and how to better understand your results, please download the "Elimination Diet Handout" from our website at <https://www.gdx.net/elimination-diet-handout.pdf>.

Step 3:

Ship the specimen to the lab

Specimen must be returned in the Genova Diagnostics kit box for correct delivery to the lab. Not following these instructions may result in a shipping charge.

- Plan to ship the specimen **Monday – Friday overnight delivery only**.
- Call 1.800.GoFedEx (1.800.463.3339) to schedule shipping. When the automated system asks “How may I help you?” say “Return a Package.” Tell the FedEx representative “I am using a billable stamp” and they will walk you through the process and make it easy.
- **Seal all frozen serum tubes and the absorbent pad in the biohazard bag.** Remove foam box from kit box. Place frozen freezer brick in bottom of foam box. Lay biohazard bag with specimens inside, on top of the freezer brick. Replace lid on foam box. Place rubber band around foam box to secure lid.
- **Slide foam box back inside kit box** and place your **completed and signed requisition form** on top before closing. *Do NOT staple or tape box.*
- **Print your name and address** in the section marked “From” on the prepaid shipping envelope label. *DO NOT mark or write in any other sections.*
- Put the kit box into the prepaid mailing envelope and seal the envelope.
- Keep your shipment and tracking numbers for future reference and tracking purposes.

Antibody Assessments & Celiac Profile Clinician Instructions

IS-2859



Check Your Kit

- A - 4 SST serum collection tubes
- B - 4 Transfer tubes
- C - 1 Pipette
- D - 1 Biohazard bag and absorbent pad
- E - 1 Freezer brick
- F - 1 Foam insulator box
- G - 1 Rubber band
- H - 1 Requisition (to be completed and signed)
- I - 1 Prepaid mailing envelope

- If any items are missing or expired, call Client Services at 800.522.4762 and press “1”.
- Keep the kit box for shipping your specimen to the lab.

Step 1:

Important things to know and consider

- **At least 8 hours prior to collection:** Freezer brick must be frozen a minimum of 8 hours before shipping.
- Specimens must be received in the laboratory within 24 hours of collection. To ensure the accuracy of test results, please observe the following:
 - If testing for food antibodies, it is suggested that the patient eat a variety of foods for 2-3 weeks prior to food antibody testing (**except** for foods that are known to cause severe reactions). Doing so will help to ensure the presence of antibodies to allergenic foods.
 - The following medications may impact the antibody test: Glucocorticosteroids (e.g., oral prednisone and/or steroid metered-dose inhaler), chemotherapy, immunosuppressive agents (e.g., Humira, Rituxan) and NSAIDS (e.g., Ibuprofen, Naproxen, Tylenol, Aspirin).
- Non-interfering factors to the antibody test: antibiotics, antihistamines, and antidepressants.
- Test may be inaccurate if the patient has liver damage or HIV infection.
- The following table lists minimum specimen requirements necessary to provide results.

# profiles	ml Serum	# SST tubes
1	3 ml	1 tube
2	6 ml	2 tubes
3	9 ml	3 tubes
4 or more	12 ml	4 tubes

Schedule & Prepare for Serum Collection

- **Plan for Monday-Friday collection only:** Specimens must be received in the laboratory within 24 hours of collection.
- **Contact FedEx and schedule to ship the specimen overnight delivery Monday - Friday.** *Sample MUST be stored frozen at least 2 hours before shipping.*
- **Freeze the enclosed freezer brick** a minimum of 8 hours before shipping.
- **Samples must be frozen a minimum of 2 hours prior to shipping.** Keep samples frozen until ready to ship.
- **Complete the Requisition Form** with all patient and billing information. Be sure it is signed by the Patient/Responsible Party and the healthcare provider.

Step 2:

Blood Draw & Serum Preparation

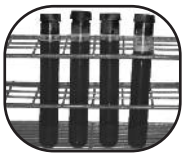
Not following these instructions may affect the test results.



- 1** Write the patient's name and the time and date of collection on each collection tube and transfer tube.



- 2** Draw blood to fill the SST tubes.



- 3** Allow the blood in the SST tubes to **clot for 15 minutes** while standing in a rack. Then centrifuge the tubes for 15 minutes at 3000 RPM.



- 4** Using the pipette, **transfer all of the serum** from all SST tubes into the transfer tubes. Screw the tops on the tubes tightly to avoid leakage. Discard the SST tubes.



- 5** Wrap the absorbent pad around the transfer tubes and put them into the biohazard bag, making sure that the bag is securely sealed; **freeze immediately.** *Samples must be frozen a minimum of 2 hours prior to shipping.* Keep samples frozen until ready to ship.



- 6** When ready to ship, make sure all the tubes in the Biohazard bag are tightly closed and are identified with completed information.