

# Antibody Assessment Panel IgA/IgG/IgE

**General Food Panel: IgA/IgG/IgE**

Complete Report

16020 Linden Ave North, Shoreline WA 98133, USA

CLIA #: 50D0965661

**Physician:** Sample Report IgA

**Patient:** IgG

**Accession #:** 2015000000 IgE

**Sex:** IgA: IgA:A IgE:E

**Age:**

**Date of Birth:**

**Collected:** **Received:** **Completed:**

### Dairy

*Bovine-derived unless specified*

Food Item	0	I	II	III	IV	V	VI
Casein							
Cheese, Cheddar							
Cheese, Cottage							
Cheese, Mozzarella							
Milk							
Milk, Goat							
Whey							
Yogurt							

### Fruits

Food Item	0	I	II	III	IV	V	VI
Apple							
Apricot							
(E) Banana							
(E) Blueberry							
(E) Cranberry							
Grape							
Grapefruit							
Lemon							
Orange							
Papaya							
(E) Peach							
(E) Pear							
Pineapple							
(E) Plum							
(E) Raspberry							
(E) Strawberry							

### Meat/Fowl

Food Item	0	I	II	III	IV	V	VI
Beef							
Chicken							
Egg White, Chicken							
Egg Whole, Duck							
Egg Yolk, Chicken							
Lamb							
Pork							
Turkey							

### Fish/Crustacea/Mollusk

Food Item	0	I	II	III	IV	V	VI
Clam							
Cod							
Crab							
Halibut							
Lobster							
Red Snapper							
Salmon							
Scallop							
Shrimp							
Sole							
Tuna							

### Misc

Food Item	0	I	II	III	IV	V	VI
Cocoa Bean							
Coffee Bean							
Honey, Bee							
(E) Sugar Cane							
Yeast, Baker's							
Yeast, Brewer's							

*IgA's often elevate prior to IgG \*(suggests potential development of IgG responses to follow once IgA has been depleted), and so each will benefit from being detected earlier, (and may be Asymptomatic!)*

*Black bars (IgE): -Anaphylactic risk, - potential Atopic disease exacerbation*

*\*Once identified, usually life-long - avoid completely*

*Sometimes IgA is the dominant mediator in a combined reaction. (no 'rule of thumb') symptomatic!*

**Reaction Class**

<b>0</b> No Reaction	<b>I</b> Very Low	<b>II</b> Low	<b>III</b> Moderate	<b>IV</b> High	<b>V</b> Very High	<b>VI</b> Extremely High
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All 4 (IgG 1-4) assessed

Black bars (IgE):  
-Anaphylactic risk,  
- potential Atopic disease exacerbation

\*Once identified, usually life-long - avoid completely

\* Tolerance to delayed (IgA/IgG) Food sensitivities can be recovered in most cases if sufficient causative factors are addressed, and usually after a period of abstinence/minimisation to allow healing/rebalancing of the immune response.

- Some tend to persist regardless in certain individuals and will likely exacerbate continued sensitivity and so best avoided (see 'Highest Offenders' overleaf)

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Physician: Sample Report

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ADDITIONAL INFORMATION: Items marked are unavailable: IgG:G IgA:A IgE:E

IgA  
IgG  
IgE

Sex: Age:

Date of Birth:

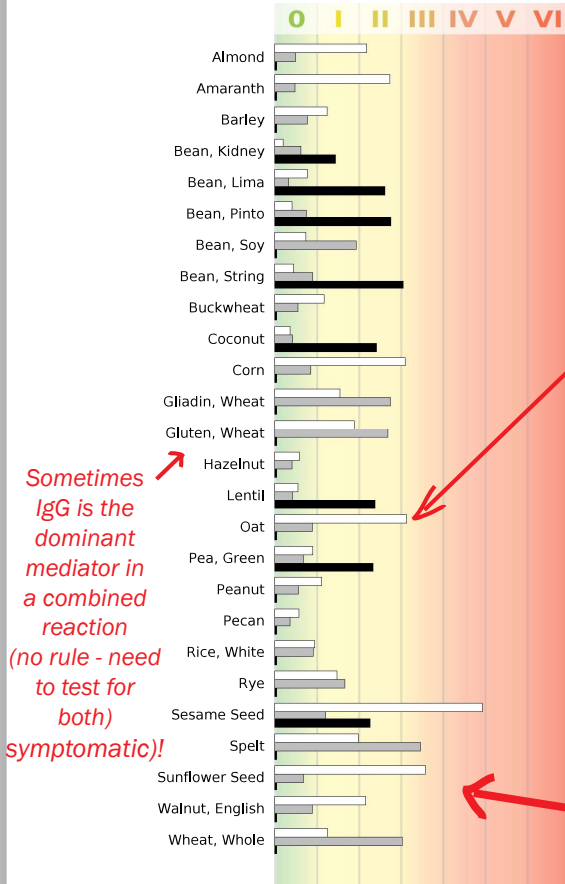
Collected:

Received:

Completed:

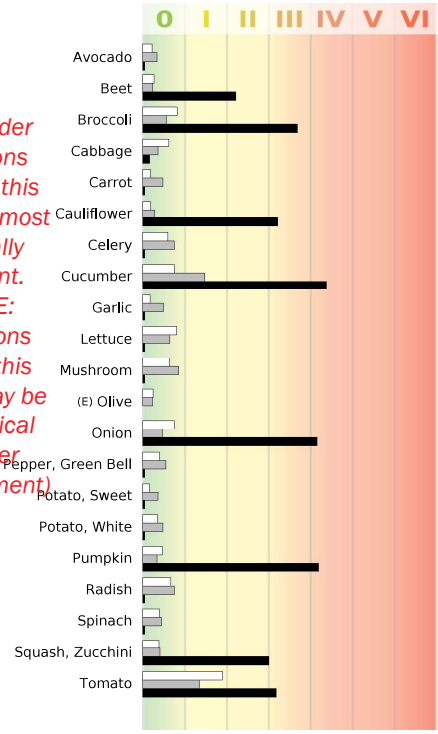
**Grains/Legumes/Nuts**

**Vegetables**



*\*Consider reactions beyond this point as most clinically relevant. (NOTE: Reactions below this point may be subclinical / under development)*

*Sometimes IgG is the dominant mediator in a combined reaction (no rule - need to test for both) symptomatic!*

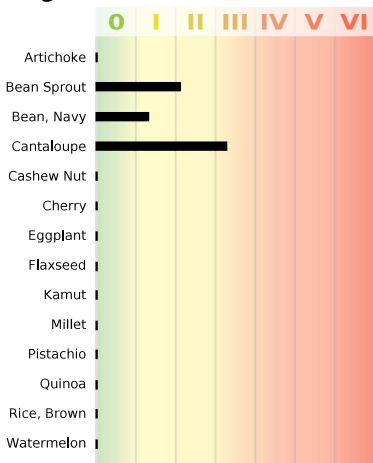


*NOTE: Some IgA elevate alone and some IgG elevate alone. (So need BOTH to gain a more 'complete' assessment of delayed food sensitivity reactions)*

*Additional foods tested for IgE panel ONLY.*

**Vegetables**

**Misc**



*NOTE: If MANY elevations are present, it is not appropriate to prescribe an excessively restrictive diet. Always attempt to identify and prioritise the primary antigens and always ensure overall nutritional sufficiency of the diet.*

