

Patient: **SAMPLE**  
**PATIENT**

**1019 IgG Food Antibodies - Bloodspot**

Methodology: EIA

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

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

- 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.

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

**Laboratory Comments**

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# Summary of IgG Test Results



## Reactive / Non-Reactive Foods

### 3+ High

Asparagus	Blueberry	Carrot	Chocolate
Corn	Cucumber	Goat's Milk	Lactalbumin
Lima Bean	Onion	Peach	Pinto Bean
Potato, White	Rice	Shrimp	Strawberry
Trout			

### 2+ Moderate

Apricot	Beet	Cane Sugar	Chicken
Corn Gluten	Cranberry	Gluten	Kidney Bean
Lettuce	Olive	Pea	Pineapple
Red Snapper	Sesame	Tomato	Wheat
Zucchini			

### 1+ Low

Apple	Beef	Cabbage	Cheddar Cheese
Coffee	Crab	Garlic	Green Pepper
Lentil	Oat	Papaya	Pecan
Potato, Sweet	Raspberry	Sardine	Spinach
Walnut			

### VL Very Low

Almond	Banana	Buckwheat	Celery
Cod	Cow's Milk	Egg Yolk	Grapefruit
Lemon	Mushroom	Oyster	Pear
Pork	Salmon	Soy	Sunflower Seed
Turkey	Yogurt		

### 0 None Detected

Alfalfa	Avocado	Broccoli	Casein
Clam	Cottage Cheese	Egg White	Grape
Lamb	Lobster	Orange	Peanut
Plum	Rye	Sole	String Bean
Tuna	Yeast		



## Commentary

### Overview

Commentary is provided to the practitioner for educational purposes and should not be interpreted as diagnostic or as treatment recommendations. Diagnosis and treatment decisions are the practitioner's responsibility.

**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.

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>.