

## IgG Food Antibodies

### GENOVA DIAGNOSTICS

Patient: KELLY BURRIS DOB: May 24, 1952 Sex: M

Sex: M MRN: 0002771935 63 Zillicoa Street Asheville, NC 28801 © Genova Diagnostics

### Order Number: R6020624

Reported: December 09, 2022 Received: December 02, 2022 Collected: December 01, 2022 Sayana Medical Spa & Wellness Center Shilpa Sayana MD 14006 Riverside Dr Ste 18 Sherman Oaks, CA 91423-1949

### 1001 IgG Food Antibodies Profile - Serum

Methodology: EIA and Chemiluminescent

IgG Food Antibody Results							
Dairy		Vegetables		Fish/Shellfis	sh	Nuts and Gr	ains
Casein Cheddar cheese Cottage cheese Cow's milk Goat's milk Lactalbumin Yogurt Fruits Apple Apricot Banana Blueberry Cranberry Grape Grapefruit Lemon Orange Papaya Peach Pear Pineapple Plum Raspberry		Vegetables Alfalfa Asparagus Avocado Beets Broccoli Cabbage Carrot Celery Cucumber Garlic Green Pepper Lettuce Mushroom Olive Onion Pea Potato, sweet Potato, sweet Potato, white Spinach String bean Tomato Zucchini	VL VL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 0 00 0 00 0 00 0 00 0 00 0 00 0 00 0 0 0 0	Fish/Shellfis Clam Cod Crab Lobster Oyster Red snapper Salmon Sardine Shrimp Sole Trout Tuna Poultry/Mea Beef Chicken Egg white Egg yolk Lamb Pork Turkey	3+	Almond Buckwheat Corn Gorn gluten Gluten Kidney bean Lentil Lima bean Oat Peanut Peanut Pecan Pinto bean Rice Rye Sesame Soy Sunflower seed Walnut Wheat <b>Miscellaneo</b> Yeast Cane sugar Chocolate	
Strawberry	0	Total IgE ◆	Inside 31.7	Outside	Reference Range <=87.0 IU/mL	Coffee	0
0 🗌 No	one Detected	VL Very L	.ow 1+	Low 2+	Moderate	3+	High
Diagnostics, Inc.	- The performance characterisitcs 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.

Patient: KELLY BURRIS

ID: R6020624

## Summary of IgG Test Results

	Read	ctive / Non	-Reactive Foods	
		3+ Hig	h	
Cherry	Clam			
		2+ Mo	dorato	
		27 100	uerale	
Garbanzo				
		1+ Lov	v	
Chicken	Garlic		Red Snapper	Wild rice
		VL Vei		
			-	
Alfalfa	Asparagus		Buckwheat	Cayenne
Coconut	Egg white		Egg yolk	Mung bean
Nutmeg Walnut	Pistachio		Sole	Turkey
		0 None	e Detected	
Allspice	Almond		Apple	Apricot
Artichoke	Avocado		Banana	Basil
Bay leaf	Bean sprout		Beef	Beets
Black Pepper	Blueberry		Broccoli	Cabbage
Cane sugar	Cantaloupe		Carrot	Casein
Cashew	Celery		Cheddar cheese	Chocolate
Cinnamon	Cloves		Cod	Coffee
Corn	Corn gluten		Cottage cheese	Cow's milk
Crab	Cranberry Dill		Cucumber Fennel	Cumin Filbert
Curry Flax seed			Gluten	Goat's milk
Grape	Ginger Grapefruit			Kamut
Kidney bean	Lactalbumin		Green pepper Lamb	Lemon
Lentil	Lettuce		Lima bean	Lobster
Marjoram	Millet		Mushroom	Mustard
Navy bean	Oat		Oat bran	Olive
Onion	Orange		Oregano	Oyster
Papaya	Paprika		Parmesan cheese	Parsley
Pea	Peach		Peanut	Pear
Pecan	Peppermint		Pineapple	Pinto bean
Plum	Pork		Potato, sweet	Potato, white
Raspberry	Rice		Rosemary	Rye
Safflower	Sage		Salmon	Sardine
Sesame	Shrimp		Soy	Spinach
Strawberry	String bean		Sunflower seed	Thyme
Tomato	Triticale		Trout	Tuna
Vanilla	Watermelon		Wheat	Wheat bran
Yeast	Yogurt		Zucchini	

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 <u>https://www.gdx.net/elimination-diet-handout.pdf.</u>



## IgE Food Antibodies



63 Zillicoa Street Asheville, NC 28801 © Genova Diagnostics

Patient: KELLY BURRIS DOB: May 24, 1952 Sex: M MRN: 0002771935

### Order Number: R6020624

Reported: December 09, 2022 Received: December 02, 2022 Collected: December 01, 2022 Sayana Medical Spa & Wellness Center Shilpa Sayana MD 14006 Riverside Dr Ste 18 Sherman Oaks, CA 91423-1949

### 1000 IgE Food Antibodies Profile - Serum

Methodology: Chemiluminescent

IgE Food Antibody Results								
	RESULT kU/L	CLASS	INDICATOR			RESULT kU/L	CLASS	INDICATOR
Grains				Nuts				
Buckwheat	<0.24	0/1		Almond		<0.24	0/1	
Corn	<0.24	0/1		Brazil nu	ut	<0.24	0/1	
Oat	<0.24	0/1		Coconut	t	<0.24	0/1	
Rice	<0.24	0/1		Hazelnu	t	<0.24	0/1	
Sesame	<0.24	0/1		Peanut		<0.24	0/1	
Soybean	<0.24	0/1		Seafo	bod			
Wheat	<0.24	0/1		Blue mu	issel	<0.24	0/1	
Dairy				Codfish		<0.24	0/1	
Egg white	<0.24	0/1		Salmon		<0.24	0/1	
Cow's milk	<0.24	0/1		Shrimp		<0.24	0/1	
				Tuna		<0.24	0/1	
	Total Ig	E				k	Key	
Total IgE 31.7		Outside	Reference Range <=87.0 IU/mL		Class kU/L	Levels Specif Undeter	of ic lgE	Indicator
- IgE levels must be used in conjunction with the clinical picture and are not inten to be independently diagnostic.				ded	<b>0/1</b> <=0.24 <b>I</b> 0.25 - 0.3			
<ul> <li>The performance characteristics Diagnostics, Inc.</li> </ul>	s of all assay	ys have bee	en verified by Genova		II 0.4 - 1.29 III 1.3 - 3.89		te	
<ul> <li>All assays are cleared by the U.S. Food and Drug Administration.</li> <li>Total IgE level may have clinical significance regardless of specific antibody levels.</li> </ul>				els.	IV 3.9 - 14.9 V 15 - 24.9	9 Very Hi	-	

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

Laboratory Comments

VI

>=25

Very High



# IgG Vegetarian



Patient: KELLY BURRIS DOB: May 24, 1952 Sex: M

MRN: 0002771935

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Reported: December 09, 2022 Received: December 02, 2022 Collected: December 01, 2022 Sayana Medical Spa & Wellness Center Shilpa Sayana MD 14006 Riverside Dr Ste 18 Sherman Oaks, CA 91423-1949

### 1002 IgG Vegetarian Food Profile - Serum

Methodology: EIA and Chemiluminescent

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

Total IgE						
	Inside	Outside	Reference Range			
Total IgE ◆	31.7		<=87.0 IU/mL			

- The performance characteristics of all assays have been verified by Genova

Diagnostics, Inc. Unless otherwise noted with  $\bullet$ , the assays have 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.

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

0 None Detected	VL Very Low	1+ Low	2+ Moderate	3+ High
	la	boratory Com	ments	



# IgG Spice



Patient: KELLY BURRIS DOB: May 24, 1952

Sex: M MRN: 0002771935

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1005	lgG	Spice	Profile	- Serum
Methoa	lology.	EIA and	l Chemilur	ninescent

IgG Spice Antibody Results							
Allspice	0	Curry	0	Paprika	0		
Basil	0	Dill	0	Parsley	0		
Bayleaf	0	Fennel	0	Peppermint	0		
Black Pepper	0	Ginger	0	Rosemary	0		
Cayenne	VL	Marjoram	0	Sage	0		
Cinnamon	0	Mustard	0	Thyme	0		
Cloves	0	Nutmeg	VL	Vanilla	0		
Cumin	0	Oregano	0				
		-					
	Tota						
	Inside	Outside	Reference Range				
Total IgE •	31.7		<=87.0 IU/mL				

- The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with  $\bullet$ , 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.

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

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

Please note the IgG antibody reactivity assessment for Horseradish is no longer available as the commercial manufacturer has discontinued the antigen production.





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### 1003 IgE Inhalant Profile - Serum

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### Order Number: R6020624

Reported: December 09, 2022 Received: December 02, 2022 Collected: December 01, 2022

### IgE Inhalants IMMUNOLOGY SoCal Coast

Sayana Medical Spa & Wellness Center Shilpa Sayana MD 14006 Riverside Dr Ste 18 Sherman Oaks, CA 91423-1949

Methodology: Chemiluminescent			
lg	E Antibody Lev	els	Inhalant Region
INHALANT	RESULT CLA kU/L	ASS INDICATOR	Southern
Trees			California Coast: CA
Maple	<0.24 0/2	1	
Oak	<0.24 0/*	1	
Olive	<0.24 0/*	1	
Walnut	<0.24 0/2	1	
Grasses			<ul> <li>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.</li> </ul>
Bermuda Grass	<0.24 0/2		- Total IgE level may have clinical significance regardless of
June Grass (Kentucky Blue)	<0.24 0/2		specific antibody levels.
Brome Grass	<0.24 0/2		<ul> <li>IgE levels must be used in conjunction with the clinical picture and are not intended to be independently diagnostic.</li> </ul>
Cultivated Oat Grass	<0.24 0/*	1	
Weeds			Total IgE
Rough Pigweed	<0.24 0/2	1	Inside Outside Reference Range
Molds			Total IgE 31.7 <=87.0 IU/mL
Mold Generic	<0.24 0/2	1	Кеу
			Levels of Class kU/L Specific IgE Indicator
Misc. Cat dander	<0.24 0/2	1	Undetectable
Cockroach	<0.24 0/		0/1 <=0.24 or Equivocal
Dog dander	<0.24 0/		I 0.25 - 0.39 Low II 0.4 - 1.29 Moderate
Mite - D. farinae	<0.24 0/		III 1.3 - 3.89 High
Mite - D. microceras	<0.24 0/		IV 3.9 - 14.99 Very High
Mite - D. pteronyssinus	<0.24 0/		V 15 - 24.99 Very High
Wild D. ptoronyssinus	-0.2-4 0/		VI >=25 Very High
		Lab Commen	ts



### GENOVA DIAGNOSTICS

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IgE Molds

IMMUNOLOGY



IgE Mold Antibody Results							
INHALANT	RESULT kU/L	CLASS	INDICATOR				
Aspergillus fumigatus	<0.24	0/1					
Alternaria tenuis (Alternaria alternata)	<0.24	0/1					
Candida albicans	<0.24	0/1					
Cladosporium herbarum	<0.24	0/1					
Curvularia lunata	<0.24	0/1					
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	<0.24	0/1					
Pityrosporum orbiculare	<0.24	0/1					
Rhizopus nigricans	<0.24	0/1					
Stemphylium botryosum	<0.24	0/1					
Trichoderma viride	<0.24	0/1					

Total IgE						
	Inside	Outside	Reference Range			
Total IgE	31.7		<=87.0 IU/mL			

		Key	
Class	kU/L	Levels of Specific IgE	Indicator
0/1	<=0.24	or Equivocal	
1	0.25 - 0.39	Low	
П	0.4 - 1.29	Moderate	
ш	1.3 - 3.89	High	
IV	3.9 - 14.99	Very High	
V	15 - 24.99	Very High	
VI	>=25	Very High	

- 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 load may have clinical significance regardless of specific antibody levels.
- IgE levels must be used in conjunction with the clinical picture and are not intended to be independently diagnostic.

### Lab Comments







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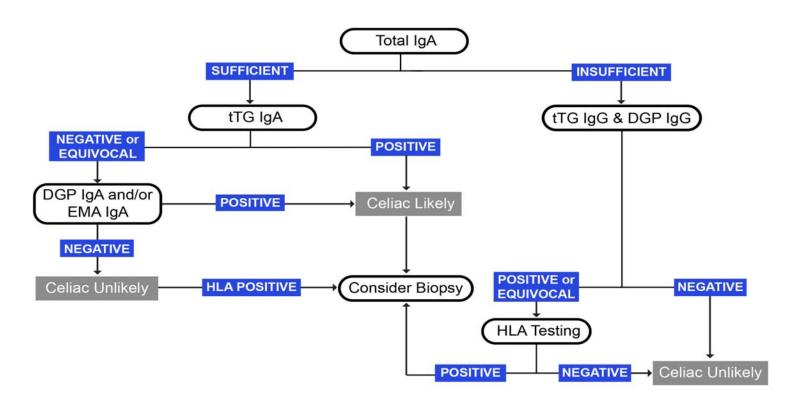
Reported: December 09, 2022 Received: December 02, 2022 Collected: December 01, 2022 Sayana Medical Spa & Wellness Center Shilpa Sayana MD 14006 Riverside Dr Ste 18 Sherman Oaks, CA 91423-1949

### 1018 Celiac Profile - Serum

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

Immunologic Markers					
Biomarker	Result		Reference Range		
Total IgA	162	Sufficient	98-591 mg/dL		
Anti-Tissue Transglutaminase IgG (tTG IgG)	<1.7	Negative	<=6.9 U/ml		
Anti-Deamidated Gliadin IgG (DGP IgG)	<1.4	Negative	<=6.9 U/ml		
Anti-Tissue Transglutaminase IgA (tTG IgA)	0.6	Negative	<=6.9 U/ml		
Anti-Deamidated Gliadin IgA (DGP IgA)	0.7	Negative	<=6.9 U/ml		

Interpretation





### Commentary

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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.

For more information regarding Celiac Profile clinical interpretation, please refer to the Celiac Profile Support Guide at https://www.gdx.net/core/supplemental-education-materials/celiac-support-guide