Thyrocare

Tests you can trust

Name : xxxxxxxxxxxxxxxx

Date : xxxxxxxxxxxxxxxx

Test Asked : Food Intolerance Profile

Report Status: Complete Report



First National Diagnostic Chain to have **100% of its Labs with NABL Accreditation#**

98% Reports released within 06 Hours of sample reaching the lab~

9 out of 10 Doctors Trust that Thyrocare reports are Accurate & Reliable*

1200+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007~

Dummy Report

PROCESSED AT :

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : FOOD INTOLERANCE PROFILE

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report Availability Summary

Note: Please refer to the table below for status of your tests.

1 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
FOOD INTOLERANCE PROFILE	Ready

Dummy Report

PATIENT REPORT



FOODPRINT®

Food IgG Antibody Test

14/07/2025

Dear 1 3226,

Please find enclosed the Patient Report for your FoodPrint® IgG antibody test, which includes information about the specific food IgG antibodies detected in your blood sample and guidelines on how to make full use of the test results:

TEST REPORT

Two different types of Test Report are provided with every FoodPrint® IgG antibody test:

1) **Food Groups** – foods are listed according to their respective food group
2) **Order of Reactivity** – foods are ranked by strength of antibody reaction

A numerical value is displayed in a coloured box adjacent to each food, which represents the concentration of IgG antibodies detected for each food. Foods are categorised as **ELEVATED** BORDERLINE or NORMAL, depending on the antibody level detected.

PATIENT GUIDEBOOK

- Information about food intolerance and commonly used terminology
- How to interpret the test results
- How to plan your diet
- Monitoring symptoms, re-introducing foods and avoiding new food intolerances
- How to avoid dairy, eggs, wheat, gluten and yeast
- Frequently asked questions

Any change in diet or removal of certain foods/food groups needs to be carefully managed to ensure that essential nutrients are maintained. Information provided in the Patient Guidebook is for general use only. If in doubt, please seek advice from a qualified healthcare professional.

Please note: the FoodPrint® IgG antibody test does NOT test for **classical allergies**, which involve the production of IgE antibodies and cause rapid-onset of symptoms such as rashes, swelling, violent sickness, difficulty breathing and anaphylactic shock. **If you have a food allergy, it is important to continue avoiding that food, regardless of the test results obtained.** This advice also applies if you have been diagnosed with Coeliac disease or any other food related condition such as lactose intolerance.

If you would like further information or wish to discuss any matters raised in the Patient Report, please do not hesitate to contact CNS on 01353 863279.

Kind regards
Cambridge Nutritional Sciences

200+

Test Report : Food Groups

FoodPrint

Patient Name:	xxxxxxxxxxxxxxxx	**Sample Date:**	xxxxxxxxxxxxxxxx
Patient Number:	xxxxxxxxxxxxxxxx	**Analysis Date:**	xxxxxxxxxxxxxxxx
Date of Birth:	DD/MM/YYYY	**Clinic:**	

ELEVATED (≥30 U/ml)	BORDERLINE (24-29 U/ml)	NORMAL (≤23 U/ml)

DAIRY / EGG

ELEVATED (≥30 U/ml)		BORDERLINE (24-29 U/ml)		NORMAL (≤23 U/ml)	
<15	Alpha-Lactalbumin	63	Egg White	88	Milk (Cow)
<15	Beta-Lactoglobulin	38	Egg Yolk	23	Milk (Goat)
34	Casein	<15	Milk (Buffalo)	22	Milk (Sheep)

GRAINS (Gluten-Containing)*

ELEVATED (≥30 U/ml)		BORDERLINE (24-29 U/ml)		NORMAL (≤23 U/ml)	
34	Barley	22	Malt	<15	Wheat
<15	Couscous	33	Oat	<15	Wheat Bran
<15	Durum Wheat	31	Rye		
<15	Gliadin*	<15	Spelt		

GRAINS (Gluten-Free)

ELEVATED (≥30 U/ml)		BORDERLINE (24-29 U/ml)		NORMAL (≤23 U/ml)	
42	Amaranth	<15	Millet	23	Rice
28	Buckwheat	<15	Polenta	<15	Tapioca
66	Corn (Maize)	<15	Quinoa		

FRUIT

ELEVATED (≥30 U/ml)		BORDERLINE (24-29 U/ml)		NORMAL (≤23 U/ml)	
<15	Apple	<15	Guava	<15	Pear
<15	Apricot	<15	Kiwi	<15	Pineapple
<15	Avocado	<15	Lemon	22	Plum
<15	Banana	<15	Lime	<15	Pomegranate
<15	Blackberry	<15	Lychee	<15	Raisin
<15	Blackcurrant	<15	Mango	<15	Raspberry
<15	Blueberry	<15	Mulberry	<15	Redcurrant
<15	Cherry	<15	Nectarine	<15	Rhubarb
29	Cranberry	<15	Olive	<15	Strawberry
<15	Date	28	Orange	<15	Tangerine
<15	Fig	<15	Papaya	<15	Watermelon
<15	Grapefruit	<15	Peach		

VEGETABLES

ELEVATED (≥30 U/ml)		BORDERLINE (24-29 U/ml)		NORMAL (≤23 U/ml)	
<15	Artichoke	<15	Carrot	65	Pea
<15	Asparagus	<15	Cauliflower	40	Potato
<15	Aubergine	29	Celery	<15	Radish
20	Bean (Broad)	<15	Chard	<15	Rocket
<15	Bean (Green)	<15	Chickpea	<15	Shallot
20	Bean (Red Kidney)	<15	Chicory	34	Soya Bean
46	Bean (White Haricot)	<15	Cucumber	<15	Spinach
<15	Beetroot	<15	Fennel (Leaf)	<15	Sweet Potato
<15	Broccoli	<15	Leek	<15	Tomato
<15	Brussel Sprout	16	Lentil	<15	Turnip
<15	Cabbage (Red)	<15	Lettuce	<15	Watercress
17	Cabbage (White)	<15	Marrow	<15	Yuca
<15	Caper	<15	Onion		

Continued on next page...

Patient Name:	xxxxxxxxxxxxxxxxx	**Sample Date:**	xxxxxxxxxxxxxxxxx
Patient Number:	xxxxxxxxxxxxxxxxx	**Analysis Date:**	
Date of Birth:	DD/MM/YYYY	**Clinic:**	

FISH / SEAFOOD

15	Alga Espaguette	<15	Eel	<15	Razor Clam
16	Alga Spirulina	<15	Haddock	<15	Salmon
<15	Alga Wakame	<15	Hake	<15	Sardine
<15	Anchovy	<15	Herring	<15	Scallop
<15	Barnacle	<15	Lobster	<15	Sea Bream (Gilthead)
<15	Bass	<15	Mackerel	<15	Sea Bream (Red)
17	Carp	23	Monkfish	18	Sole
<15	Caviar	33	Mussel	24	Squid
<15	Clam	<15	Octopus	<15	Swordfish
<15	Cockle	28	Oyster	22	Trout
<15	Cod	29	Perch	<15	Tuna
<15	Crab	29	Pike	21	Turbot
19	Cuttlefish	<15	Plaice	44	Winkle

MEAT

59	Beef	<15	Ostrich	<15	Turkey
<15	Chicken	20	Ox	28	Veal
<15	Duck	<15	Partridge	24	Venison
<15	Goat	<15	Pork	<15	Wild Boar
19	Horse	<15	Quail		
<15	Lamb	16	Rabbit		

HERBS / SPICES

<15	Aniseed	<15	Dill	<15	Nettle
<15	Basil	<15	Garlic	18	Nutmeg
<15	Bayleaf	18	Ginger	<15	Parsley
<15	Camomile	155	Ginkgo	<15	Peppermint
<15	Cayenne	<15	Ginseng	<15	Rosemary
<15	Chilli (Red)	<15	Hops	25	Saffron
<15	Cinnamon	<15	Liquorice	<15	Sage
<15	Clove	<15	Marjoram	<15	Tarragon
<15	Coriander (Leaf)	<15	Mint	<15	Thyme
<15	Cumin	<15	Mustard Seed	<15	Vanilla

NUTS / SEEDS

17	Almond	27	Hazelnut	<15	Rapeseed
27	Brazil Nut	<15	Macadamia Nut	<15	Sesame Seed
63	Cashew Nut	59	Peanut	36	Sunflower Seed
<15	Coconut	<15	Pine Nut	26	Tiger Nut
32	Flax Seed	59	Pistachio	<15	Walnut

MISCELLANEOUS

55	Agar Agar	<15	Cocoa Bean	<15	Tea (Black)
<15	Aloe Vera	<15	Coffee	<15	Tea (Green)
24	Cane Sugar	54	Cola Nut	<15	Transglutaminase
<15	Carob	<15	Honey	42	Yeast (Baker's)
<15	Chestnut	<15	Mushroom	55	Yeast (Brewer's)

* 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.

Laboratory Reference:

200+

Test Report : Order of Reactivity

FoodPrint®

Patient Name:	xxxxxxxxxxxxxxxxx	**Sample Date:**	xxxxxxxxxxxxxxxxx
Patient Number:	xxxxxxxxxxxxxxxxx	**Analysis Date:**	
Date of Birth:	DD/MM/YYYY	**Clinic:**	

ELEVATED FOODS (≥30 U/ml)

155	Ginkgo	55	Agar Agar	36	Sunflower Seed
88	Milk (Cow)	55	Yeast (Brewer's)	34	Barley
66	Corn (Maize)	54	Cola Nut	34	Casein
65	Pea	46	Bean (White Haricot)	34	Soya Bean
63	Cashew Nut	44	Winkle	33	Mussel
63	Egg White	42	Amaranth	33	Oat
59	Beef	42	Yeast (Baker's)	32	Flax Seed
59	Peanut	40	Potato	31	Rye
59	Pistachio	38	Egg Yolk		

BORDERLINE FOODS (24-29 U/ml)

29	Celery	28	Orange	26	Tiger Nut
29	Cranberry	28	Oyster	25	Saffron
29	Perch	28	Veal	24	Cane Sugar
29	Pike	27	Brazil Nut	24	Squid
28	Buckwheat	27	Hazelnut	24	Venison

NORMAL FOODS (≤23 U/ml)

23	Milk (Goat)	15	Alga Espaguette	<15	Blueberry
23	Monkfish	<15	Alga Wakame	<15	Broccoli
23	Rice	<15	Aloe Vera	<15	Brussel Sprout
22	Malt	<15	Alpha-Lactalbumin	<15	Cabbage (Red)
22	Milk (Sheep)	<15	Anchovy	<15	Camomile
22	Plum	<15	Aniseed	<15	Caper
22	Trout	<15	Apple	<15	Carob
21	Turbot	<15	Apricot	<15	Carrot
20	Bean (Broad)	<15	Artichoke	<15	Cauliflower
20	Bean (Red Kidney)	<15	Asparagus	<15	Caviar
20	Ox	<15	Aubergine	<15	Cayenne
19	Cuttlefish	<15	Avocado	<15	Chard
19	Horse	<15	Banana	<15	Cherry
18	Ginger	<15	Barnacle	<15	Chestnut
18	Nutmeg	<15	Basil	<15	Chicken
18	Sole	<15	Bass	<15	Chickpea
17	Almond	<15	Bayleaf	<15	Chicory
17	Cabbage (White)	<15	Bean (Green)	<15	Chilli (Red)
17	Carp	<15	Beetroot	<15	Cinnamon
16	Alga Spirulina	<15	Beta-Lactoglobulin	<15	Clam
16	Lentil	<15	Blackberry	<15	Clove
16	Rabbit	<15	Blackcurrant	<15	Cockle

Continued on next page...

Patient Name:	xxxxxxxxxxxxxxxxx	**Sample Date:**	xxxxxxxxxxxxxxxxx
Patient Number:	xxxxxxxxxxxxxxxxx	**Analysis Date:**	
Date of Birth:	DD/MM/YYYY	**Clinic:**	

NORMAL FOODS ...continued

<15	Cocoa Bean	<15	Macadamia Nut	<15	Redcurrant
<15	Coconut	<15	Mackerel	<15	Rhubarb
<15	Cod	<15	Mango	<15	Rocket
<15	Coffee	<15	Marjoram	<15	Rosemary
<15	Coriander (Leaf)	<15	Marrow	<15	Sage
<15	Couscous	<15	Milk (Buffalo)	<15	Salmon
<15	Crab	<15	Millet	<15	Sardine
<15	Cucumber	<15	Mint	<15	Scallop
<15	Cumin	<15	Mulberry	<15	Sea Bream (Gilthead)
<15	Date	<15	Mushroom	<15	Sea Bream (Red)
<15	Dill	<15	Mustard Seed	<15	Sesame Seed
<15	Duck	<15	Nectarine	<15	Shallot
<15	Durum Wheat	<15	Nettle	<15	Spelt
<15	Eel	<15	Octopus	<15	Spinach
<15	Fennel (Leaf)	<15	Olive	<15	Strawberry
<15	Fig	<15	Onion	<15	Sweet Potato
<15	Garlic	<15	Ostrich	<15	Swordfish
<15	Ginseng	<15	Papaya	<15	Tangerine
<15	Gliadin*	<15	Parsley	<15	Tapioca
<15	Goat	<15	Partridge	<15	Tarragon
<15	Grapefruit	<15	Peach	<15	Tea (Black)
<15	Guava	<15	Pear	<15	Tea (Green)
<15	Haddock	<15	Peppermint	<15	Thyme
<15	Hake	<15	Pine Nut	<15	Tomato
<15	Herring	<15	Pineapple	<15	Transglutaminase
<15	Honey	<15	Plaice	<15	Tuna
<15	Hops	<15	Polenta	<15	Turkey
<15	Kiwi	<15	Pomegranate	<15	Turnip
<15	Lamb	<15	Pork	<15	Vanilla
<15	Leek	<15	Quail	<15	Walnut
<15	Lemon	<15	Quinoa	<15	Watercress
<15	Lettuce	<15	Radish	<15	Watermelon
<15	Lime	<15	Raisin	<15	Wheat
<15	Liquorice	<15	Rapeseed	<15	Wheat Bran
<15	Lobster	<15	Raspberry	<15	Wild Boar
<15	Lychee	<15	Razor Clam	<15	Yuca

* 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.

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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : FOOD INTOLERANCE PROFILE

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENTID : XXXXXXXXXXXXXXXX

Food Intolerance Test Clinical Interpretation

1. Food Intolerance is a food sensitivity test which identifies IgG antibodies based on protein microarray technology. IgG food sensitivity may take up to 72 hours to appear and are more difficult to detect.

2. Food Intolerance is distinct from food allergy which is an IgE mediated response. Please be aware that if you have a classic IgE allergy to food this will not be reflected in your result. Such food must be avoided as priority.

3. Depending upon the antibody level detected, foods are categorised as: ELEVATED, BORDERLINE or NORMAL. Colour-coding of these categories allows 'problem' foods to be easily identified and avoided.

ELEVATED	BORDERLINE	NORMAL
Indicates that a high antibody reaction was detected	Indicates that a moderate antibody reaction was detected	Indicates that no significant reaction was detected
Substitute with NORMAL (green) foods from the same food group.	Substitute with NORMAL (green) foods from the same food group. Please refer to 'Test Report: Food Groups'.	If you have a known allergy to a specific food that triggers a rapid onset of symptoms (Type I allergy), this food should be avoided.

4. Foods highlighted in red are recommended to be eliminated from diet for at least 3 months.

5. Foods highlighted in Yellow are recommended to be rotated for at least 3 months. To rotate food items, eat them no more than once every 3-4 days.

6. The eliminated foods can be reintroduced after at least 3 months, and only when symptoms have subsided. This should be done gradually, starting with the least elevated food (food with lowest antibody concentration).

7. Please note that all immune related symptoms are not caused by IgG mediated response. Enzyme deficiencies, chemical insensitivity, lactose intolerance, histamine intolerance, inadequate digestion, dysbiosis, intestinal infections, alcohol consumption, excess exercise and effects of drugs or medications, may be the other causes. These will not be diagnosed by this test. Hence, it is recommended to seek professional advice by a healthcare professional or nutritionist before implementing any changes in your diet.

8. Occasionally, few foods show as intolerant, which have not been consumed. This may be due to hidden ingredients in any food product consumed. Hidden ingredients can be beyond food products as well. Common examples are cosmetics, like lipsticks and creams, which contain animal fats and proteins, sometimes causing positive reaction.

9. Intolerance to foods not consumed can also be due to cross-reaction between food products having identical protein structures.

10. Provided for you in this packet is an easy to use patient report guide book for your reference. This booklet includes other important information including the science behind Adverse Reactions to Foods and meal planning tips. The first few days of your new diet may be challenging, and a portion of people eliminating their reactive foods may experience symptoms similar to withdrawal, such as headaches and food cravings. If this occurs, contact your health practitioner; the symptoms may be due to food elimination or may be due to something else.
For More details refer Patient Guidebook available @ https://blob.thyrocare.com/tcblob/FoodPrint-Patient-Guidebook.pdf

Dummy Report

Sample Collected on (SCT) : Sample collection time
Sample Received on (SRT) : Sample receiving time at Lab
Report Released on (RRT) : Report release time
Sample Type : SERUM
Labcode :
Barcode :

Doctor 1 Sign Doctor 2 Sign

Scan QR code to verify authenticity of reported results; active for 30days from release time.

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NAME : XXXXXXXXXXXXXXXX

REF. BY : XXXXXXXXXXXXXXXX

TEST ASKED : FOOD INTOLERANCE PROFILE

PATIENTID : XXXXXXXXXXXXXXXX

HOME COLLECTION :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Food Intolerance Test Report Essentials

- We are excited that you have taken this positive step towards a healthier life .
- The report enclosed consists of information regarding your immune system's response to certain foods , spices, herbs and condiments.
- Depending on which test(s) were ordered by your practitioner, antibody type IgG is measured using an fusion technology of most advanced MicroArray with the time tested, Enzyme linked Immunosorbent assay, or ELISA.
- In understanding your report. it is helpful to have some background information on what are defined as Adverse Reactions to Foods .
- Under this broad category, we have reactions involving the body's immune system , called immune-mediated reactions, or allergies, and non-immune-mediated or food intolerances. Food intolerances are many.
- A common example is the inability to digest the milk sugar , lactose, known as lactose intolerance. Other types of intolerances include reactions to various food additives.
- The result shows you whether you have developed IgG antibodies to the foodstuffs tested . It is possible in this way to state whether you have a type III food allergy or not.
- Such a reaction is preceded by an affection of the intestine . This means that the intestine has become permeable and that components of foods can penetrate it the wrong way.
- Thus, it is only possible to show many different reactions or to show no reaction at all . It is therefore extremely rare that the persons affected only react to a single foodstuff .
- Your practitioner may want you to follow a different , but similar diet guideline. Please speak with your practitioner about the specific foods he/she would like for you to avoid and/or rotate. You can alter your personalized diet accordingly .
- These suggestions do not constitute or replace professional medical advice.
- You should discuss any dietary changes with your healthcare practitioner before undertaking them , and immediately consult your practitioner if you experience weight loss or other health-related concerns.
- You have already achieved your first step towards a larger goal in health by pursuing food sensitivity testing . Be kind to yourself and take this path in health one rotation day at a time.

Sincerely yours in good health and better tomorrow!

For More details refer Patient Guidebook available @ https://blob.thyrocare.com/tcblob/FoodPrint-Patient-Guidebook.pdf

Dummy Report

Sample Collected on (SCT) : Sample collection time

Sample Received on (SRT) : Sample receiving time at Lab

Report Released on (RRT) : Report release time

Sample Type : SERUM

Labcode :

Barcode :

Doctor 1 Sign Doctor 2 Sign

Scan QR code to verify authenticity of reported results; active for 30days from release time.

CUSTOMER DETAILS

As declared in our data base

Name: xxxxxxxxxxxxxxxxx **Age:** xxxxxxx **Sex:** xxxxxxx

Barcodes/Sample_Type	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Labcode	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Ref By	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Sample_Type/Tests	:	SERUM:FOOD INTOLERANCE PROFILE
Sample Collected At	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Sample Collected on (SCT)	:	Sample collection time
Report Released on (RRT)	:	Sample receiving time at Lab
Amount Collected	:	Report release time

Dummy Report

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume: (a) any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**





+ T&C Apply, #As on 5th December 2024 (Applicable for all company owned labs except Bhagalpur & Vijayawada),

• As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited