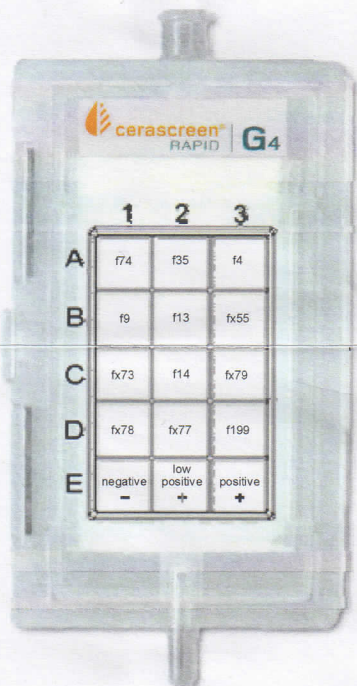


Food Intolerance Test Result (sIgG₄)

Name: _____

Date of Birth: _____

REF 730009



	-	+	+		
A1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f74	Hen egg
A2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f35	Potato
A3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f4	Wheat flour
B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f9	Rice
B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f13	Peanut
B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fx55	Fruits* A
C1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fx73	Meat*
C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f14	Soy bean
C3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fx79	Gluten-free grains*
D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fx78	Grains containing gluten*
D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fx77	Milk*
D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f199	Cow's milk (unboiled)

equal or more intense than positive control (⬆ = ICAL 3)
equal or more intense than low positive control (⬆ = ICAL 2)
less intense than low positive control (⬆ = ICAL 1)

* **fx55**: banana, strawberry, kiwi, orange
* **fx73**: beef, pork and chicken
* **fx79**: amaranth, buckwheat, quinoa, wild rice
* **fx78**: oat, barley, spelt, kamut, rye
* **fx77**: goat's, sheep's and mare's milk

ICAL: Intolerance Correlated Antibody Level

Date, Signature _____

Stamp _____

Remarks: _____

DST
DIAGNOSTICS AT A DROP[®]