

IgE Allergy Test Report

Date Presented - July 6, 2019

Ordering Doctor

Name: Dr. Jody Smith
License #: 00515515
UPIN #: A999Z9
NPI #: 9999999999

Patient Details

Jane Smith
Patient Number: 100523
DOB: Jan 1, 1980
Gender: Female
Ph: (234) 234-2343

Specimen Details

Collected: July 1, 2019
Sent: July 1, 2019
Tested: July 5, 2019
Source: Capillary Blood

Welcome To Your Results

Dear Jane Smith,

We received your small volume blood sample, and tested it for total IgE and a profile of 37 specific respiratory allergens and 26 food allergens.

The testing platform used to produce the results described in this report has been shown to detect these biomarkers to a high level of accuracy when they are present, and to also correctly show a negative result when they are not present.

When shared with your healthcare professional, we are confident this report will provide insight to inform healthcare decisions that may improve your health and quality of life.

You and your healthcare professional can trust the science behind these results, as our lab partners have completed validation studies comparing this process to established testing methods.

For any questions about this test, please visit us at www.imaware.health or connect with us via email at support@imaware.health.

In good health,
The imaware team

Medical Advisory Team



Dr. Stefano Guandalini
Professor Emeritus at
University of Chicago

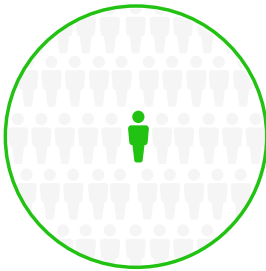
IgE Allergy Test – Your Results Summary

Jane, your **total IgE appears to be low**
based on biomarker sampling as well as patient specific considerations

BIOMARKER SAMPLING

A biomarker refers to a category of objective signs that indicate medical state, and elevated biomarker levels in your blood can signal the presence of a disease. We tested your blood for the following biomarkers and allergens (organized into 3 categories: Indoor, Outdoor and Food):

TOTAL IgE:
LOW



PATIENT SPECIFIC CONSIDERATIONS

We included specific aspects of your history and condition as part of this test in order to confirm your likelihood.

- You indicated you do not have any allergies in your family

INDOOR ALLERGENS

Allergens	FSU	Class 0/1	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
Blomia tropicalis (d201)	<.01							
D. pteronyssinus (d1)	6.98							
D. farinae (d2)	<.01							
Cat dander (e1)	32.76							
Dog dander (e5)	<.01							
Cockroach (i8)	<.01							
Alternaria alternata (m6)	.05	●						
Aspergillus fumigatus (m3)	<.01							
Cladosporium herbarum (m2)	<.01							
Penicillium notatum (m1)	<.01							

Any results with a fluorescent standard units greater than .01 are indicated with a colored bar.

Your Next Steps



Share these results with your doctor, who can review your results and provide an action plan before you make any major lifestyle changes.



If you begin to make any doctor recommended lifestyle changes, imaware™ can help you monitor the effectiveness of your lifestyle changes and treatment.

IgE Allergy Test – Your Results Summary Continued

OUTDOOR ALLERGENS

Allergens	FSU	Class 0/1	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
Bahia grass (g17)	<.01							
Bermuda grass (g2)	<.01							
Johnson grass (g10)	<.01							
Perennial ryegrass (g5)	1.73	[Yellow bar]						
Timothy grass (g6)	4.23	[Orange bar]						
Acacia (t19)	<.01							
Alder (t2)	<.01							
Australian pine (t73)	<.01							
Birch (t3)	<.01							
Cottonwood (t14)	<.01							
Elm (t8)	<.01							
Maple/ Box elder (t1)	<.01							
Maple leaf sycamore (t11)	<.01							
Mountain cedar (t6)	<.01							
Mulberry (t70)	<.01							
Oak (t7)	<.01							
Olive (t9)	<.01							
Pecan/Hickory (t22)	<.01							
Walnut (t10)	<.01							
White ash (t15)	<.01							
Common ragweed (w1)	9.62	[Orange bar]						
Mugwort (w6)	<.01							
Nettle (w20)	<.01							
Rough marsh elder (w16)	<.01							
Rough pigweed (w14)	<.01							
Russian thistle (w11)	.40	[Green bar]						
Sheep sorrel (w18)	<.01							

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IgE Allergy Test – Your Results Summary Continued

FOOD ALLERGENS

Allergens	FSU	Class 0/1	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
Egg white (f1)	2.89	[Yellow bar]						
Egg yolk (f75)	<.01							
Milk (f2)	5.31	[Orange bar]						
Cod fish (f3)	<.01							
Wheat (f4)	<.01							
Rye (f5)	<.01							
Barley (f6)	<.01							
Corn (f8)	<.01							
Sesame seed (f10)	<.01							
Peanut (f13)	11.27	[Orange bar]						
Soybean (f14)	<.01							
Hazel nut (f17)	<.01							
Almond (f20)	<.01							
Shrimp (f24)	<.01							
Tomato (f25)	<.01							
Pork (f26)	<.01							
Beef (f27)	1.34	[Yellow bar]						
Tuna (f40)	<.01							
Salmon (f41)	<.01							
Strawberry (f44)	<.01							
Apple (f49)	<.01							
Chicken (f83)	<.01							
Cashew nut (f202)	0.46	[Green bar]						
Clam (f207)	<.01							
Walnut (f256)	<.01							
Scallops (f338)	<.01							

Any results with a fluorescent standard units greater than .01 are indicated with a colored bar.

This laboratory report is not a diagnosis. A diagnosis is only made by a clinician in conjunction with a physical examination and medical history

Your Next Steps



Share these results with your doctor, who can review your results and provide an action plan before you make any major lifestyle changes.



If you begin to make any doctor recommended lifestyle changes, imaware™ can help you monitor the effectiveness of your lifestyle changes and treatment.

IgE Allergy Test Report – Detailed Results

The following pages provide additional information that should be shared with your healthcare professional.

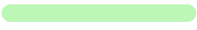






DETAILED PATIENT RESULTS TABLE

Test Performed	Quantitative	Qualitative	Reportable Outcomes
Total IgE	252.10 FSU	Low	1 - 1000 FSU

ALLERGEN CODES

Letter	Meaning
D	Dust Mites
M	Mold
E	Animal Dander
I	Insect
G	Grass
T	Tree
W	Weed
F	Food

MANAGEMENT OPTIONS

Class	FSU Value	Interpretation	Colour if > .01 FSU
Class 0/1	.01 - .34	Clinical Relevance Undetermined	
Class 1	.35 - .70	Low Sensitivity	
Class 2	.71 - 3.50	Moderate Sensitivity	
Class 3	3.51 - 17.50	High Sensitivity	
Class 4	17.51 - 50	Very High Sensitivity	
Class 5	50.01 - 100	Very High Sensitivity	
Class 6	>100	Very High Sensitivity	

Allergy IgE Test – Additional Information

imaware™ tests are tested to be highly accurate and precise. The following data can be reviewed by your medical professional to better understand the validity of the imaware test.

The likelihood of symptoms based on specific IgE results

When investigating a patient with suspected allergy, having a quantitative IgE test is a very useful tool. When combined with a physical examination and the patient’s clinical history, a treatment plan can be established. The ability to rule out allergy as the cause is also important to avoid unnecessary medication or food avoidance.

The Allergenex test results help identify the patient’s baseline IgE antibody levels. Generally, the higher the IgE antibody the greater the likelihood that symptoms will appear. Still, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. Even allergens found at low levels that do not result in symptoms should be followed. These allergens can contribute to the cumulative symptom threshold such as when the patient is exposed to seasonal allergens. Knowing a patient’s specific IgE antibody levels for the substances to which they are sensitive increases the possibility of knowing how the different substances affect their symptoms. The timing and degree of symptoms varies with individuals depending on their levels of IgE antibodies, clinical reactivity, age, gender, travel history, degree of exposure, and family history.

Total IgE

Elevated concentrations of Total IgE may be found in a variety of clinical diseases, including allergic disease, certain primary immunodeficiencies, infections, inflammatory diseases, and malignancies. A normal concentration of Total IgE does not eliminate the possibility of allergic disease.

IgE Allergy Test – Additional Information

SCIENTIFIC REFERENCES

1. Lau, J., Long, A. Chronic rhinitis: allergic or nonallergic?. Am Fam Physician. 2003;67:705–706
2. Wheeler PW, et al. Vasomotor Rhinitis. Am Fam Physician. 2005;72:1057–1062.
3. Wallace DV, et al. The diagnosis and management of rhinitis: an updated practice parameter. J Allergy Clin Immunol, 2008;122(2 suppl):S1–S84.
4. Szeinbach SL, et al. Identification of allergic disease among users of antihistamines. J Manag Care Pharm. 2004;10(3):234–238.
5. Welsh N, Hart J, Hoeben B, Heitmann G. The pharmaco-economic impact of ImmunoCAP testing on the usage of second-generation antihistamines and a leukotriene receptor antagonist at Wilford Hall Medical Center. J Am Pharm Assoc. 2006;46:627.
6. AHRQ Publication No. 02-E023. Management of allergic and nonallergic rhinitis, Summary. Evidence Report/Technology Assessment No. 54, 2002. Agency for Healthcare Research and Quality, www.ahrq.gov
7. Diagnostic Clinical Information: The Value of Allergen Identification. Kalamazoo, MI: Pharmacia & Upjohn Company; 1998. Publication 98006.01.
8. Elward KS, et al. Asthma & Allergy. American Academy of Family Physicians; 2004.

PERFORMING LABORATORY INFORMATION

- Patient Sample was performed on July 5, 2019 by Allergenex. Allergenex is a trade name of Spiriplax, Inc.
- CLIA Number 14D2063316
- Lab Location: 100 Tri-State International, Suite 100, Lincolnshire, IL 60069
- Lab Director: Dr. Erlo Roth, MD.

TEST NOTES AND LIMITATIONS

- Lab reports, like all forms of testing, are not a diagnosis. Allergenex reports state that a diagnosis of allergic disease can only be made by a qualified health care professional in conjunction with a patient's clinical history.