TEST PATIENT

TEST PHYSICIAN



GUa d'Y'HYgh'BUa Y DUHY Collected: 00-00-0000 DR JOHN DOE 111 CLINIC STF 99H

7@=B=7 GI 6I F6 J=7 " \$\$\$

111 H9GH ROAD TEST SUBURB @AB =8: 00000000 UR#:0000000

P: 1300 688 522

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INTEGRATIVE MEDICINE

BLOOD - FDTA Range

HLA DQ/DR Gene Studies

HLA DR/DQ Genotyping:

4,7 HLA-DR DRB-1 04,07

2,7 HLA-DO HLA-DQA1 02,03 02,0301 HLA-DQB1

INTERPRETATION:

1. For Coeliac Disease:

A genotype susceptible for coeliac disease was DETECTED.

Heterozygous for the DRB1*07-DQA1*02-DQB1*02 haplotype, which is consistent with the DQ2 phenotype.

Appropriate genetic counselling should accompany testing and further testing of other genetic risk factors is recommended.

Comment:

More than 95% of persons with coeliac disease have either HLA-DQ2 or HLA-DQ8. Not all persons with these phenotypes will develop coeliac disease.

2. For CIRS/Moulds biotoxins exposure: The following HLA DR haplotypes were detected:

4-7-53 - Multisusceptible

7-2-53 - Mold Susceptible

If biotoxins exposure is suspected, biotoxin load may be reduced through removal from the source of exposure and the use of Cholestryamine. Natural alternatives include cacium bentonite, charcoal, chitosan and chlorella (however may take longer to have the same effect).

If 3 or more of the following factors are present, treatment for CIRS should be undertaken:

i. VCS Deficits iv. HLA DQ-DR suscepitbility ii. MSH Deficiency v. ADH/Osmolality dysregulation iii. MMP-9 Elevation vi. Cortisol/ACTH dysregulation

In commencing the treatment process, other baseline assessments include Gliadin and Transglutaminase Antibody levels, anti-Cardiolipin Antibodies, and Androgen studies (DHEAS, SHBG, Testosterone).

Thereafter, specific moulds/biotoxins assays may also be of use. Assays include MSH, ADH, /Osmolality, C3a, C4a, TGFb1, MMP-9 and VEGF.

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Biotoxins Rosetta Stone

	DRB1	DQ	DRB3	DRB4	DRB5
Multisusceptible	4	¦	-¦¦-	53	
	11/12	3	52B		İ
	14	5	53B		İ
Mould Susceptible	7	 2/3	_ -	53	.
	13	l 6	52A, B, C		I
	17	2	52A		I
	18*	4	52A		1
Borrelia, Post Lyme	15	6	_¦¦-		. 51
Syndrome	16	J 5	I I		51
Dinoflagellates	4	 7/8	-¦	53	. '
Multiple Antibiotic Resistant Staph Epidermis (MARCoNS)	11	 7 			!
No recognized significance	8	3,4,6	-¦		<u> </u>
Low Risk Mould	7	l 9	_	53	.!
	12	ı 7	52B		I
	9	9		53	