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FOOD ELIMINATION AND CHALLENGE DIET

1. Make sure that the food being evaluated is in your diet regularly (preferably daily) for 12 days before beginning Step 2.
2. Eliminate all forms of the food type being tested for 5 days. This will allow the body to become “hypersensitive” to the food in question. You must look at all the labels of foods that are eaten and make sure that there are NO forms of the food type in the ingredients.
3. On the 6th day, you will challenge the food by eating a regular size meal consisting of as pure of a form of possible of the food being tested (examples would be cream of wheat for a wheat allergy or milk and cheese for a dairy allergy).
4. Record ANY symptoms that are experienced over the next 2 to 3 hours. If no symptoms are experienced by that time, another serving of the food type may be consumed. Once again, you must record your symptoms over the next 2 to 3 hours.
5. If symptoms are produced, you must avoid that food type until you see your doctor again. If no symptoms are produced, you may consider that food safe and return it into the diet.
6. If multiple food types are being tested, start over again with Step 1 with the new food.

Helpful Hints

This test is not for foods that cause immediate reactions (such as immediate rash, swelling, or breathing problems). Testing foods causing these types of reactions with this test can be hazardous.

If multiple foods are being tested, start including multiple foods to be tested into the diet (as described in Step 1) early on so that you will not have to wait 12 days in between each food being tested. You can also start eliminating multiple foods to be tested from the diet at the same time so that you can challenge a new food each day looking for symptoms. Keep in mind that the food must be eliminated for 5 days, but should not be eliminated for more than 10 days before it is challenged. If the food is eliminated for more than 10 days, you must start over with Step 1 for that food.

Foods to be Tested

_____	_____
_____	_____
_____	_____
_____	_____
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