

## Basic Information H<sub>2</sub> Breath Test

H<sub>2</sub> Breath Test on \_\_\_\_/\_\_\_\_/\_\_\_\_ for diagnosis of  
day / month / year

- Lactoseintolerance       Sorbitintolerance  
 Fructosemalabsorption       Small intestinal bacterial overgrowth (Glucose-Test)

**Please note: if you suffer from hereditary Fructoseintolerance the test is contraindicated!!**

### Preparation:

**4 weeks before your test: no antibiotics and no colonoscopy procedures**

**The day before your test: only the following foods are allowed**

- Breakfast: roll/bread (no whole grain), butter, ham, eggs, tea/coffee without milk
- Lunch: rice, meat/fish/eggs, small amounts of zucchini/tomatoes stewed, seasonings: only salt, pepper. Drinks: tap water
- Dinner: rice, meat/fish/eggs, seasonings: only salt, pepper. Drinks: tap water
- 12 hours prior to the test: don't smoke, no chewing gums
- From 6:30 p.m.: don't eat or drink anything but tap water

**The day of your test:**

- No breakfast, you may drink a glass of tap water; tooth-brushing is necessary!

### Test procedure:

First, your baseline H<sub>2</sub> value is measured in your exhaled air. After that, you will drink the specific sugar-solution dissolved in water.

At 30-minute intervals, 4 measurements will be taken to measure the increase of hydrogen in your breath.

The test takes approximately 2,5 hours in total.

**Possible side-effects:** nausea, abdominal pain, flatulence, diarrhoea.

You have been informed about test procedure and possible side-effects;  
Please don't hesitate to ask us for any further information.

If the test shows that you have a specific food-intolerance, we recommend that you make an appointment for a **dietician consultation**. If small intestinal bacterial overgrowth is suspected, a gastroenterologist should be consulted

The costs are as follows: (Prices valid until 31.12.2021)

H<sub>2</sub> breath test      Euro 71,- (incl. 10% VAT)

These additional services are not directly settled with your insurance provider and therefore must be paid privately. For further information or cost reimbursement, contact your insurance provider.

Date/Signature \_\_\_\_\_