Adrenal Hormone Report; saliva

LABRIX

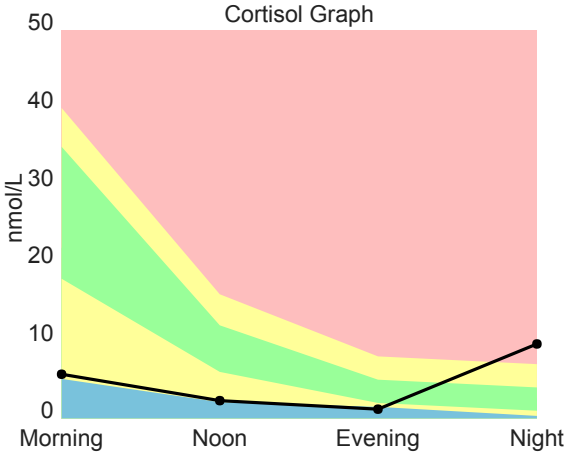
Order: SAMPLE REPORT
Client #: 12345
Doctor: John Smith, MD
Doctors Data Inc
3755 Illinois Ave
St. Charles, 60175 IL

Patient: Sample Patient
Age: 50 **DOB:** 01/01/1967
Sex: Female

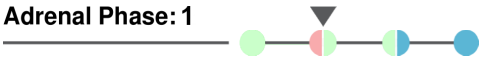
Menopausal Status: Post-Menopausal

Sample Collection	Date/Time
Date Collected	01/01/2017
Morning	01/01/2017 0800
Noon	01/01/2017 1200
Evening	01/01/2017 1700
Night	01/01/2017 2100
Date Received	01/04/2017
Date Reported	01/06/2017

Analyte	Result	Unit	L	WR	H	Optimal Range	Reference Interval
Cortisol Morning	5.7	nmol/L		◆		18 - 35	5.1 - 40
Cortisol Noon	2.3	nmol/L		◆		6.0 - 12	2.1 - 16
Cortisol Evening	1.2	nmol/L	↓			2.0 - 5.0	1.5 - 8.0
Cortisol Night	9.6	nmol/L			↑	1.0 - 4.0	0.33 - 7.0
DHEA*	326	pg/mL			↑		106 - 300



Adrenal Phase: 1



Hormone Comments:

- The elevated night cortisol level and diurnal pattern are consistent with hypothalamic pituitary axis (HPA) dysregulation (Phase 1), although cortisol or glucocorticoid derivative supplementation cannot be excluded. Query use of steroidal inhalers or topical creams. Note: Elevated cortisol levels may indirectly contribute to breast neoplasia. In addition, high night cortisol levels are associated with low melatonin levels, which may contribute to increased breast cancer risk.
- The elevated DHEA and testosterone are suggestive of metabolic syndrome (insulin resistance), although exogenous exposure cannot be excluded. Serum vitamin D, hemoglobin A1c and insulin testing may be warranted.

Notes:
L (blue)= Low (below range), WR (green)= Within Range (optimal), WR (yellow)= Within Range (not optimal) H (red)= High (above range)

*This test was developed and its performance characteristics determined by Doctor's Data, Inc. The FDA has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Methodology: Enzyme Immunoassay

Hormone Report; saliva

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Analyte	Result	Unit	L	WR	H	Reference Interval	Supplementation Range**
Estrone (E1)*	5.9	pg/mL		◆		< 47	
Estradiol (E2)	2.1	pg/mL		◆		0.5 - 3.2	1.5 - 7.2
Estriol (E3)*	<5.0	pg/mL		◆		< 66	67 - 708
EQ (E3 / (E1 + E2)) Ratio	0.63		↓			> 1.0	
Progesterone (Pg)	24	pg/mL		◆		18 - 126	500 - 3000
Pg/E2 Ratio	11.7		↓			200 - 600	
Testosterone	73	pg/mL			↑	6.0 - 49	30 - 60
DHEA*	326	pg/mL			↑	106 - 300	

Hormone Comments:

- Estrone, estradiol and estriol are within the reference ranges, however the Estrogen Quotient (EQ) is low. Estriol is less potent than the other estrogens and when present in sufficient quantities (as indicated by an optimal EQ) it plays an antagonistic role, and may govern the proliferative effects of estrone and estradiol. Estriol supplementation is a consideration to balance this quotient and reduce associated risks.
- Progesterone to estradiol (Pg/E2) ratio and reported symptoms, including breast tenderness and fibrocystic changes, are consistent with progesterone insufficiency (estrogen dominance). Supplementation with topical progesterone to correct this relative deficiency and oppose the proliferative effects of estradiol is a consideration.
- The elevated DHEA and testosterone are suggestive of metabolic syndrome (insulin resistance), although exogenous exposure cannot be excluded. Serum vitamin D, hemoglobin A1c and insulin testing may be warranted.

Notes:
L (blue)= Low (below range), WR (green)= Within Range (optimal), WR (yellow)= Within Range (not optimal) H (red)= High (above range)

The Pg/E2 ratio is an optimal range established based on clinical observation. Progesterone supplementation is generally required to achieve this level in men and postmenopausal women.

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**If supplementation is reported then the supplementation ranges will be graphed. The supplementation ranges depicted are for informational purposes only and were derived from a cohort of adult men and women utilizing physiologic transdermal bioidentical hormone therapy.

Methodology: Enzyme Immunoassay