



Adrenal Hormone Report



Order: SAMPLE REPORT



Client #: 12345
Doctor: Sample Doctor
 Doctor's Data, Inc.
 3755 Illinois Ave.
 St. Charles, IL 60174

Patient: Sample Patient

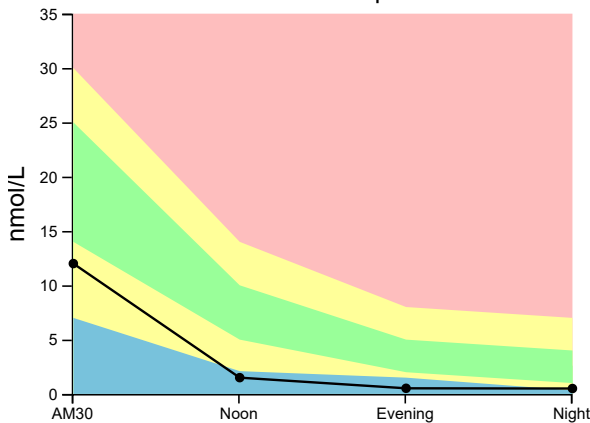
Age: 36
Sex: Male

Sample Collection Date/Time

Date Collected 02/22/2022
AM30 02/22/2022 06:00
Noon 02/22/2022 12:00
Evening 02/22/2022 17:00
Night 02/22/2022 22:00
Date Received 02/23/2022
Date Reported 02/24/2022

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
Cortisol AM30	12	nmol/L		◆		14.0 – 25.0	7.0 – 30.0
Cortisol Noon	1.5	nmol/L	↓			5.0 – 10.0	2.1 – 14.0
Cortisol Evening	0.52	nmol/L	↓			2.0 – 5.0	1.5 – 8.0
Cortisol Night	0.50	nmol/L		◆		1.0 – 4.0	0.33 – 7.0
DHEA*	39	pg/mL	↓				137 – 336
Secretory IgA*	74	pg/mL	↓				75 – 330

Cortisol Graph



Hormone Comments

- Diurnal cortisol pattern is consistent with evolving (Phase 2) HPA axis (adrenal gland) dysfunction.
- DHEA levels typically decline with age and the level measured here is below the reference range. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.
- Decreased levels of SIgA are commonly seen in individuals with low immune system functioning, and is a sign of chronic, ongoing psychological and/or physical stress to the body which has depleted SIgA reserves. SIgA declines with age. Every mucosal membrane surface such as the eyes, nose, throat, and gastrointestinal system represent a large portal of entry for pathogenic bacteria, viruses, and yeasts. Secretory IgA (sIgA) is the predominant antibody found on these mucosal membranes, and represents the body's first line of defense. SIgA levels change in response to stress.

Adrenal Phase: 2



Notes:

The current samples are routinely held three weeks from receipt for additional testing.

RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI)

*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.

Methodology: Enzyme Immunoassay



Hormone Report

**Order:** SAMPLE REPORT**Client #:** 12345**Doctor:** Sample Doctor

Doctor's Data, Inc.

3755 Illinois Ave.

St. Charles, IL 60174

Patient: Sample Patient**Age:** 36**Sex:** Male**Sample Collection Date/Time****Date Collected** 02/22/2022**AM30** 02/22/2022 06:00**Noon** 02/22/2022 12:00**Evening** 02/22/2022 17:00**Night** 02/22/2022 22:00**Date Received** 02/23/2022**Date Reported** 02/24/2022

Analyte	Result	Unit	L	WRI	H	Reference Interval	Supplementation Range**
Estradiol (E2)	1.4	pg/mL		◆		< 2.5	
Progesterone (Pg)	278	pg/mL			↑	< 130	130 – 2000
Pg/E2 Ratio†	198						≥ 130
Testosterone	13	pg/mL	↓			30 – 155	95 – 800
DHEA*	39	pg/mL	↓			137 – 336	



Hormone Comments

- In males, the Pg/E2 ratio is a clinical ratio, not a physiological ratio. Thus, the Pg/E2 ratio only has a supplementation range. In males supplementing with progesterone, the Pg/E2 ratio provides a target to minimize risk of prostate gland enlargement and cancer.
- The progesterone level is consistent with supplementation (not reported) or exogenous exposure.
- Low testosterone may be associated with metabolic syndrome (insulin resistance). Serum vitamin D, hemoglobin A1c and insulin levels may be warranted. Boosting the testosterone level is a consideration depending on the clinical picture.
- DHEA levels typically decline with age and the level measured here is below the reference range. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.
- Supplementation reference ranges are based on adherence to proper dosage interval(s). Please visit <https://www.DoctorsData.com/Resources/BestPractices.pdf> for more information.

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†The Pg/E2 ratio is an optimal range established based on clinical observation. Reference intervals for Pg/E2 ratio have not been established in males and post-menopausal women who are not supplementing with progesterone and/or estrogens.

**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