Adrenal Hormone Report; saliva

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

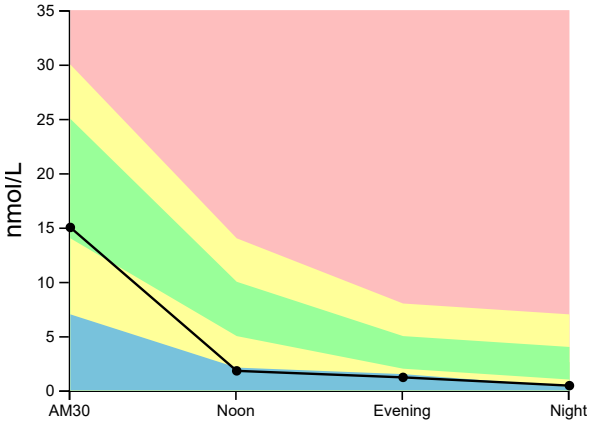
Patient: Sample Patient
Age: 39
Sex: Female

Menopausal Status: Pre-menopausal

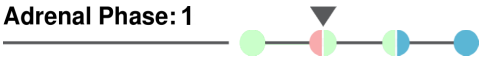
Sample Collection	Date/Time
Date Collected	11/29/2021
Date Received	11/30/2021
Date Reported	12/01/2021

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
Cortisol AM30	15	nmol/L		◆		14.0 – 25.0	7.0 – 30.0
Cortisol Noon	1.8	nmol/L	↓			5.0 – 10.0	2.1 – 14.0
Cortisol Evening	1.2	nmol/L	↓			2.0 – 5.0	1.5 – 8.0
Cortisol Night	0.44	nmol/L		◆		1.0 – 4.0	0.33 – 7.0
DHEA*	15	pg/mL	↓				106 – 300

Cortisol Graph



Adrenal Phase: 1



Hormone Comments

- AM cortisol level appears adequate, although the suboptimal diurnal cortisol pattern is suggestive of early (Phase 1) 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.

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, saliva

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Analyte	Result	Unit	L	WRI	H	Reference Interval	Supplementation Range**
Estrone (E1)*	29.0	pg/mL		◆		< 35	
Estradiol (E2)	0.60	pg/mL		◆		0.6 – 4.5	1.0 – 6.0
Estriol (E3)*	<5.0	pg/mL	↓			7.5 – 66	45 – 680
EQ (E3 / (E1 + E2)) Ratio	0.17		↓			≥ 1.0	
Progesterone (Pg)	26	pg/mL	↓			127 – 446	400 – 4000
Pg/E2 Ratio†	43.3		↓			≥ 200	≥ 200
Testosterone	7	pg/mL		◆		6 – 49	25 – 60
DHEA*	15	pg/mL	↓			106 – 300	

Hormone Comments

- Low estriol levels are often associated with vaginal dryness.
- Henry Lemon MD developed the Estrogen Quotient (EQ), a simple ratio of the cancer protective E3 relative to the proliferative estrogens E1 and E2, to assess breast cancer risk. A lower number (<1.0) indicates increased risk, and a higher number (>1.0) signifies lower risk. Dr. Lemon stated that for maximum protection, an optimal EQ is >1.5.
- The Estrogen Quotient (EQ) is low. Estriol supplementation is a consideration to balance this quotient and reduce associated risks.
- Progesterone to estradiol (Pg/E2) ratio is consistent with progesterone insufficiency (estrogen dominance). Supplementation with progesterone to correct this relative deficiency is a consideration depending on the clinical picture. Note: The progesterone level is suggestive of an anovulatory cycle or luteal phase defect. Query BCP usage.
- 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