



Adrenal Hormone Report

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

Doctor's Data, Inc.

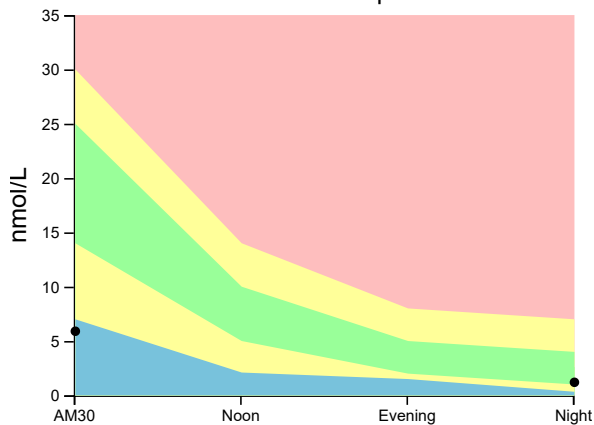
3755 Illinois Ave.

St. Charles, IL 60174

Patient: Sample Patient**Age:** 53**Sex:** Female**Menopausal Status:** Post-menopausal**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	5.9	nmol/L	↓			14.0 – 25.0	7.0 – 30.0
Cortisol Night	1.2	nmol/L		◆		1.0 – 4.0	0.33 – 7.0
DHEA*	121	pg/mL		◆			106 – 300

Cortisol Graph

**Hormone Comments**

- The cortisol level(s) are suggestive of HPA axis (adrenal gland) dysfunction.

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: 53

Sex: Female

Menopausal Status: Post-menopausal

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)	1.5	pg/mL		◆		0.5 – 3.2	1.0 – 6.0
Progesterone (Pg)	19	pg/mL		◆		18 – 130	400 – 4000
Pg/E2 Ratio†	12.7						≥ 200
Testosterone	7	pg/mL		◆		6 – 49	25 – 60
DHEA*	121	pg/mL		◆		106 – 300	



Hormone Comments

- A lack of ovulation in menopause results in a state of progesterone insufficiency. An in range Pg/E2 ratio in this stage is only attainable with progesterone supplementation. Progesterone supplementation is a consideration to benefit breast tissue, mood, cognition, cardiovascular and bone health.
- Suboptimal testosterone may relate to increased risk of osteoporosis, low libido, vaginal dryness and heart disease.
- Supplementation reference ranges are based on adherence to proper dosage interval(s). Please visit <https://www.DoctorsData.com/Resources/BestPractices.pdf> for more information.

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.

†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