



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

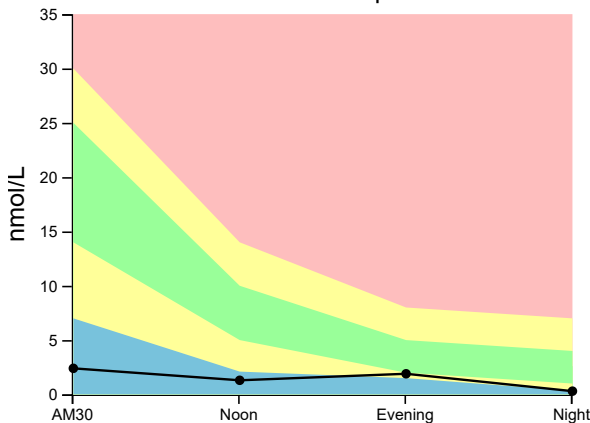
Night 02/22/2022 22:00

Date Received 02/23/2022

Date Reported 02/24/2022

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
Cortisol AM30	2.4	nmol/L	↓			14.0 – 25.0	7.0 – 30.0
Cortisol Noon	1.3	nmol/L	↓			5.0 – 10.0	2.1 – 14.0
Cortisol Evening	1.9	nmol/L		♦		2.0 – 5.0	1.5 – 8.0
Cortisol Night	<0.33	nmol/L	↓			1.0 – 4.0	0.33 – 7.0
DHEA*	39	pg/mL	↓				106 – 300

Cortisol Graph



Adrenal Phase: 3



Hormone Comments

- The diurnal cortisol pattern is consistent with established (Phase 3) 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



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Analyte	Result	Unit	L	WRI	H	Reference Interval	Supplementation Range**
Estrone (E1)*	34.0	pg/mL		◆		< 35	
Estradiol (E2)	1.1	pg/mL		◆		0.5 – 3.2	1.0 – 6.0
Estriol (E3)*	12.0	pg/mL		◆		7.5 – 66	45 – 680
EQ (E3 / (E1 + E2)) Ratio	0.34		↓			≥ 1.0	
Progesterone (Pg)	18	pg/mL		◆		18 – 130	400 – 4000
Pg/E2 Ratio†	16.4						≥ 200
Testosterone	13	pg/mL		◆		6 – 49	25 – 60
DHEA*	39	pg/mL	↓			106 – 300	



Hormone Comments

- 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.
- 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.
- 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