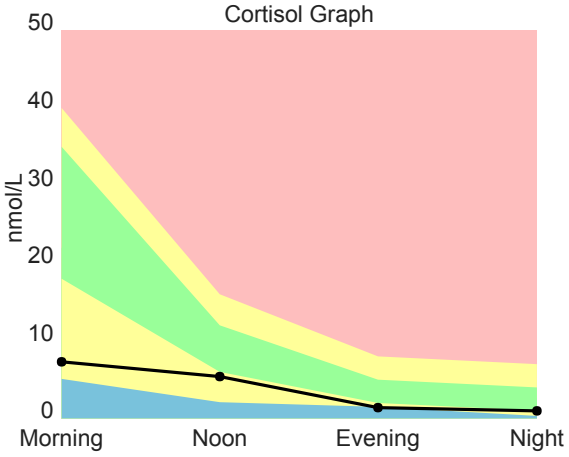
Adrenal Hormone Report; saliva

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

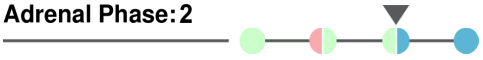
Patient: Sample Patient
Age: 65 **DOB:** 01/01/1952
Sex: Male

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	7.3	nmol/L		◆		18 - 35	5.1 - 40
Cortisol Noon	5.4	nmol/L		◆		6.0 - 12	2.1 - 16
Cortisol Evening	1.4	nmol/L	↓			2.0 - 5.0	1.5 - 8.0
Cortisol Night	0.98	nmol/L		◆		1.0 - 4.0	0.33 - 7.0
DHEA*	138	pg/mL		◆			137 - 336



Adrenal Phase: 2



Hormone Comments:

- Diurnal cortisol pattern and reported symptoms are consistent with evolving (Phase 2) HPA axis (adrenal gland) dysfunction, although concomitant thyroid and/or iodine insufficiency cannot be ruled out.

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**
Estradiol (E2)	<0.5	pg/mL		◆		< 2.5	
Progesterone (Pg)	33	pg/mL		◆		< 94	500 - 3000
Pg/E2 Ratio	65.8		↓			200 - 300	
Testosterone	65	pg/mL		◆		30 - 143	110 - 500
DHEA*	138	pg/mL		◆		137 - 336	

Hormone Comments:

- The low Pg/E2 ratio is consistent with progesterone insufficiency (estrogen dominance), which may increase the risk of prostate gland enlargement and cancer. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- Suboptimal testosterone is consistent with reported deficiency symptoms and 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.

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