



# Adrenal Hormone Report; saliva

**Order:** SAMPLE REPORT**Client #:** 12345**Doctor:** John Smith, MD

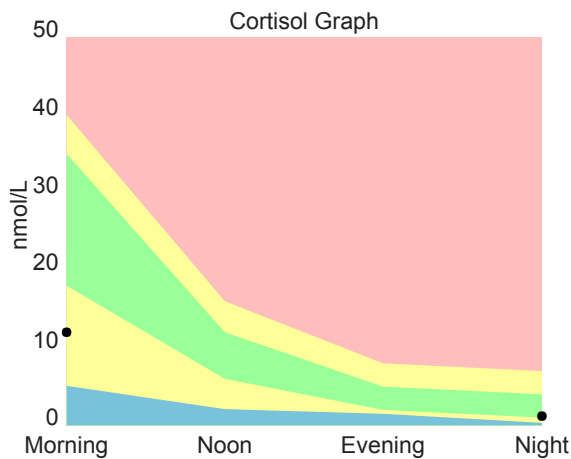
Doctors Data Inc

3755 Illinois Ave

St. Charles, 60175 IL

**Patient:** Sample Patient**Age:** 48 **DOB:** 01/01/1969**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
<b>Cortisol Morning</b>	12	nmol/L	◆			18 - 35	5.1 - 40
<b>Cortisol Night</b>	1.2	nmol/L		◆		1.0 - 4.0	0.33 - 7.0
<b>DHEA*</b>	138	pg/mL		◆			137 - 336

**Hormone Comments:**

- The suboptimal AM cortisol level and reported symptoms are suggestive of HPA axis (adrenal gland dysfunction). The current samples are routinely held three weeks from receipt for additional testing.

**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



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Analyte	Result	Unit	L	WR	H	Reference Interval	Supplementation Range**
Estradiol (E2)	<0.5	pg/mL		◆		< 2.5	
Progesterone (Pg)	43	pg/mL		◆		< 94	500 - 3000
Pg/E2 Ratio	42.9		↓			200 - 300	
Testosterone	98	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). Fasting blood sugar and insulin levels may be warranted. Boosting the testosterone level is a consideration.

Notes:

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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