

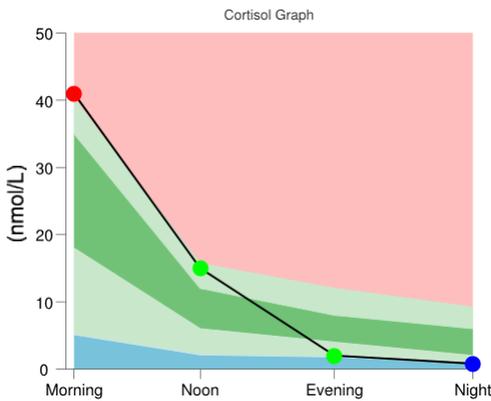
**Report Number:**  
-SMP01

**Provider:**  
Labrix Clinical Services, Inc  
16255 SE 130th Ave  
Clackamas, OR 97015  
**Ordering Provider:**

**Patient Info:**  
Amber Sample H  
  
**Age:28 Gender:F**  
  
**Menopausal Status:**  
  
amber.sample@sample.com  
123 A St.  
Suite B  
Portland, OR 97123

Sample Collection	Date/Time
Morning	06/25/2012 0530
Noon	06/25/2012 1130
Evening	06/25/2012 1745
Night	06/25/2012 2200
Samples Arrived	06/26/2012
Results Reported	06/28/2012

	Saliva Hormone Test	Result	Units	L	WR	H	Reference Range
HORMONES	<b>Estrone (E1)</b>	6.00	pg/ml				7.2-40.6 pre menopausal
	<b>Estradiol (E2)</b>	6.48	pg/ml		◆		1.5-10.8 supplementation
	<b>Estriol (E3)</b>	30.00	pg/ml		◆		<30.0 female, non-pregnant
	<b>EQ (E3 / (E1 + E2))</b>						
	<b>Progesterone (Pg)</b>	200.00	pg/ml				127.0-446.0 pre menopausal (luteal)
	<b>Ratio of Pg/E2</b>						
	<b>Testosterone</b>	56.00	pg/ml			↑	6.1-49.0 female
ADRENALS	<b>DHEA</b>	252.60	pg/ml		◆		106.0-300.0 female
	<b>Cortisol Morning</b>	41.00	nmol/L			↑	5.1-40.2; optimal range: 18-35*
	<b>Cortisol Noon</b>	15.00	nmol/L		◆		2.1-15.7; optimal range: 6-12*
	<b>Cortisol Evening</b>	2.00	nmol/L		◆		1.8-12; optimal range: 4-8*
	<b>Cortisol Night</b>	0.80	nmol/L	↓			0.9-9.2; optimal range: 2-6*



### Hormone Interpretations:

- Estrone and estradiol are within the reference ranges, however the Estrogen Quotient (EQ) is suboptimal. Estriol is less potent than the other estrogens and when present in sufficient quantities (as indicated by an optimal EQ) it plays an antagonistic role, and may govern the proliferative effects of estrone and estradiol. Although estriol level is above the reference range (likely do to individual variance), estriol supplementation is a consideration to optimize this quotient and reduce associated risks. \* References available upon request.
- Progesterone to estradiol (Pg/E2) ratio and reported symptoms are consistent with estrogen dominance. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- DHEA level is consistent with stress response or supplementation (not reported), although metabolic syndrome cannot be ruled out. Serum vitamin D, fasting glucose and insulin testing may be warranted.
- Adrenal gland function appears reasonably adequate. Query thyroid insufficiency (perhaps related to iodine deficiency).

### Notes:

L=Low(below range) WR=Within Range (within range) H=High (above range)

DHEA, Testosterone, Estrone and Estriol results are for investigational use only.

\*Apply only when all four cortisols are measured. Clinical interpretations may override these generalized optimal ref. ranges.

\*\*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.

### Adrenal Phase:

