Adrenal Hormone Report

Order: SAMPLE REPORT
Client #: 12345
Doctor: Sample Doctor
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174

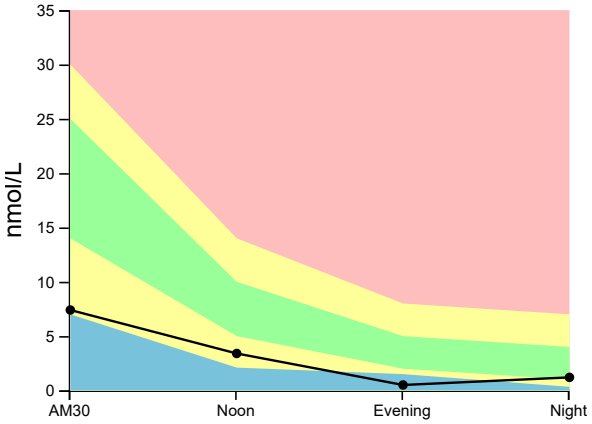
Patient: Sample Patient
Age: 35
Sex: Female

Menopausal Status: Pre-menopausal

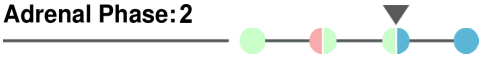
Sample Collection	Date/Time
Date Collected	07/07/2020
Date Received	07/08/2020
Date Reported	07/09/2020

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
Cortisol AM30	7.4	nmol/L		◆		14.0 – 25.0	7.0 – 30.0
Cortisol Noon	3.4	nmol/L		◆		5.0 – 10.0	2.1 – 14.0
Cortisol Evening	0.50	nmol/L	↓			2.0 – 5.0	1.5 – 8.0
Cortisol Night	1.2	nmol/L			◆	1.0 – 4.0	0.33 – 7.0
DHEA*	89	pg/mL	↓				106 – 300

Cortisol Graph



Adrenal Phase: 2



Hormone Comments:

- Diurnal cortisol pattern is consistent with evolving (Phase 2) 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**
Estradiol (E2)	1.8	pg/mL		◆		0.6 – 4.5	1.0 – 6.0
Progesterone (Pg)	115	pg/mL	↓			127 – 446	400 – 4000
Pg/E2 Ratio†	63.9		↓			≥ 200	≥ 200
Testosterone	15	pg/mL		◆		6 – 49	25 – 60
DHEA*	89	pg/mL	↓			106 – 300	

Hormone Comments:

- Progesterone to estradiol (Pg/E2) ratio is consistent with progesterone insufficiency (estrogen dominance). Supplementation with progesterone to correct this relative deficiency is a consideration depending on the clinical picture. Note: The progesterone level is suggestive of an anovulatory cycle or luteal phase defect. Query BCP usage.
- 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