

TEST REPORT

8605 SW Creekside Place
Beaverton, OR 97008
Phone: 503-466-2445 Fax: 503-466-1636



2022 07 27 400 S

Ordering Provider:
Melissa Parra, CNP

Samples Received
07/27/2022

Samples Collected
Saliva - 07/25/22 07:30

Report Date
08/02/2022

Patient Name: Jennifer S Caspari
Patient Phone Number: 808 778 7253

Gender	Last Menses	Height	Waist
Female	07/03/2022	5 ft 6 in	33 in
DOB	Menses Status	Weight	BMI
5/30/1983 (39 yrs)	Pre-Menopausal	140 lb	22.6

TEST NAME	RESULTS 07/25/22	RANGE
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Salivary Steroids

Estradiol	1.0 L	1.3-3.3 pg/mL Premenopausal (Luteal)
Progesterone	114	75-270 pg/mL Premenopausal (Luteal)
Ratio: Pg/E2	114	Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	60 H	16-55 pg/mL (Age Dependent)

<dl = Less than the detectable limit of the lab. N/A = Not applicable; 1 or more values used in this calculation is less than the detectable limit. H = High. L = Low.

Therapies

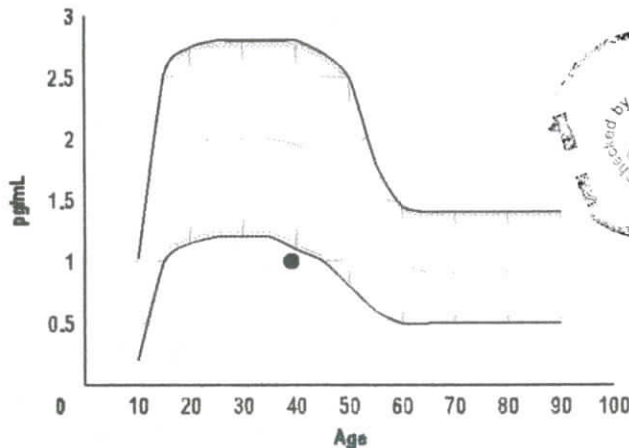
Glutathione; Vitamin C; oral Vitamin D3 (OTC) (1 Days Last Used); Curcumin; Selenium; Zinc; Magnesium; oral B12 (Cobalamin) (OTC) (1 Days Last Used)

Graphs

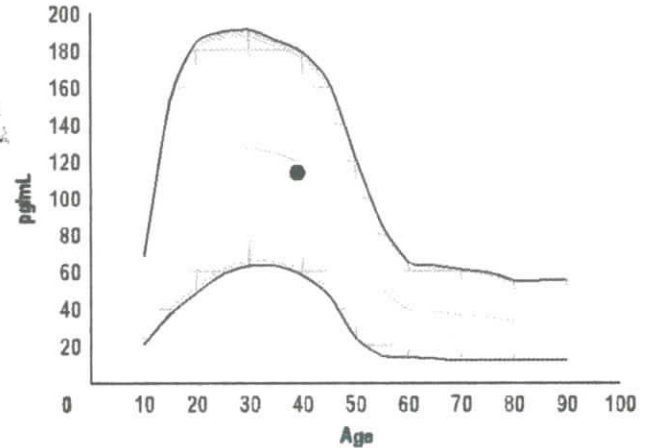
Disclaimer: Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

Average ▼▲ Off Graph

Saliva Estradiol



Saliva Progesterone



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The above results and comments are for informational purposes only and are not to be construed as medical advice. Please consult your healthcare practitioner for diagnosis and treatment.

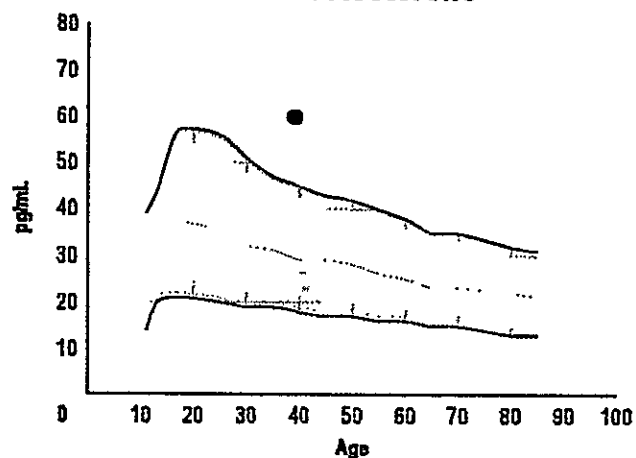
David T. Zava, Ph.D.

David T. Zava, Ph.D.
Laboratory Director

Allison McAllister, ND.

Allison McAllister, ND.
(Ordering Provider unless otherwise specified on page 1)

Saliva Testosterone



Disclaimer: Supplement type and dosage are for informational purposes only and are not recommendations for treatment. For a complete listing of reference ranges, go to www.zrtlab.com/reference-ranges.

TEST NAME		WOMEN
Salivary Steroids		
Estradiol	0.5-1.7 pg/mL Postmenopausal (optimal 1.3-1.7); 1.3-3.3 pg/mL Premenopausal (Luteal); 0.8-12 pg/mL Estrogen Rplcmnt (optimal 1.3-3.3); 0.5-2.2 pg/mL (Synthetic HRT, BC); 0.9-2.5 pg/mL Premenopausal (Follicular); 1.1-4.8 Premeno-Ovulatory (2.0-4.8 optimal)	
Progesterone	12-100 pg/mL Postmenopausal; 14-48 pg/mL Premenopausal (Follicular); 75-270 pg/mL Premenopausal (Luteal); 30-300 pg/mL Oral, Troche, SL Progesterone (100-300 mg); 200-3000 pg/mL Topical, Vag Pg (10-30mg); 10-53 pg/mL Synthetic Progestins (HRT, BC); 11-59 pg/ml Premeno-Ovulatory	
Ratio: Pg/E2	Optimal: 100-500 when E2 1.3-3.3 pg/mL	
Testosterone	16-55 pg/mL (Age Dependent)	

TEST REPORT | Patient Reported Symptoms

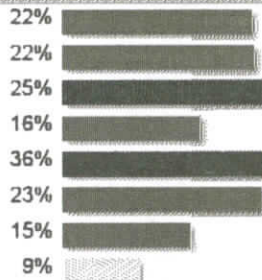
Jennifer S Caspari
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Disclaimer: Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.

SYMPTOM CATEGORIES

RESULTS | 07/25/22

Estrogen / Progesterone Deficiency
Estrogen Dominance / Progesterone Deficiency
Low Androgens (DHEA/Testosterone)
High Androgens (DHEA/Testosterone)
Low Cortisol
High Cortisol
Hypometabolism
Metabolic Syndrome



SYMPTOM CHECKLIST

MILD

MODERATE

SEVERE

Aches and Pains
Acne
ADD/ADHD
Addictive Behaviors
Allergies
Anxious
Autism Spectrum Disorder
Bleeding Changes
Blood Pressure High
Blood Pressure Low
Blood Sugar Low
Body Temperature Cold
Bone Loss
Breast Cancer
Breasts - Fibrocystic
Breasts - Tender
Chemical Sensitivity
Cholesterol High
Constipation
Depressed
Developmental Delays
Eating Disorders
Fatigue - Evening
Fatigue - Morning
Fibromyalgia
Foggy Thinking
Goiter
Hair - Dry or Brittle
Hair - Increased Facial or Body
Hair - Scalp Loss
Headaches
Hearing Loss
Heart Palpitations
Hoarseness
Hot Flashes
Incontinence
Infertility
Irritable
Libido Decreased
Mania



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TEST REPORT | Patient Reported Symptoms *continued*

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SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Memory Lapse			
Mood Swings			
Muscle Size Decreased			
Nails Breaking or Brittle			
Nervous			
Night Sweats			
Numbness - Feet or Hands			
OCD			
Panic Attacks			
PreMenstrual Dysphoric Disorder			
Pulse Rate Slow			
Rapid Aging			
Rapid Heartbeat			
Skin Thinning			
Sleep Disturbed			
Stamina Decreased			
Stress			
Sugar Cravings			
Sweating Decreased			
Swelling or Puffy Eyes/Face			
Tearful			
Triglycerides Elevated			
Urinary Urge Increased			
Uterine Fibroids			
Vaginal Dryness			
Water Retention			
Weight Gain - Hips			
Weight Gain - Waist			

Lab Comments

Estradiol is slightly lower than the observed range for a premenopausal woman. A lower estradiol can be due to current or recent use of contraceptives (none indicated) but may also result from the consumption of nutritional supplements (e.g. Indole-3-Carbinol, an extract of cruciferous vegetables) and/or soy foods and green leafy vegetables that are natural aromatase inhibitors (the enzyme aromatase is present mostly in fat tissue and converts androgens, such as testosterone, to estrogens). Estrogen deficiency symptoms are minimal and the estradiol is well balanced with progesterone.

Progesterone is within expected range for a premenopausal woman and symptoms of estrogen/progesterone imbalance are minimal. If symptoms of estrogen imbalance become more problematic as menopause approaches it would be worthwhile to consider bio-identical progesterone supplementation. Note: progesterone is often less effective when estradiol is significantly outside the optimal physiological range of 1.3-3.3 pg/ml; therefore, it is important to consider means to reduce the estrogen burden if estradiol is higher than optimal range, and increase estrogen with supplementation if estradiol is lower than optimal range.

Testosterone is high, suggesting excessive production by the ovaries or adrenal glands, testosterone supplementation (none indicated), or exposure to someone using topical testosterone. Chronic high testosterone is usually associated with one or more symptoms of androgen excess (excess facial/body hair, acne, oily skin and hair, weight gain in the waist, increased agitation). These symptoms are not reported as problematic at time of saliva collection suggesting that the exposure to testosterone is acute or some other hormonal imbalance (e.g. high estrogens, high stress hormones such as cortisol or catecholamines) is inhibiting the masculinizing effects of high testosterone.