



# Adrenal Hormone Report; saliva



**Order:** 200911-0188



**Client #:** 31417

Rn Labs

18/93 Rivergate PI

Murarie, Qld, 4172 Australia

**Patient:** Marja Vernice Gibbons

**Id:** P202550152

**Age:** 34 **DOB:** 03/06/1986

**Sex:** Female

**Body Mass Index (BMI):** 20.6

**Menopausal Status:** Pre-menopausal,  
LMP: 08/16/2020

**Sample Collection Date/Time**

**Date Collected** 09/04/2020

**AM30** 09/04/2020 08:10

**Noon** 09/04/2020 13:00

**Evening** 09/04/2020 18:00

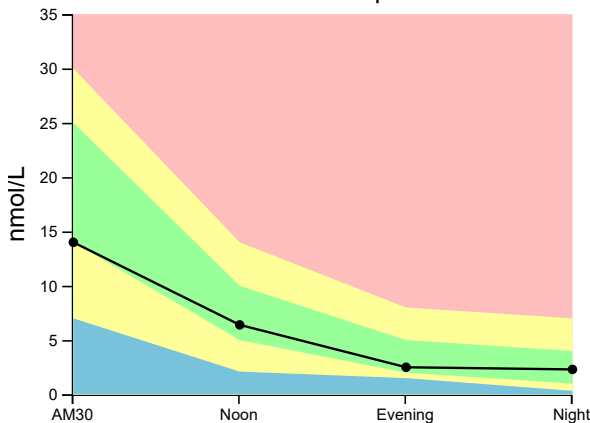
**Night** 09/04/2020 23:00

**Date Received** 09/11/2020

**Date Reported** 09/15/2020

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
<b>Cortisol AM30</b>	14	nmol/L		◆		14.0 – 25.0	7.0 – 30.0
<b>Cortisol Noon</b>	6.4	nmol/L		◆		5.0 – 10.0	2.1 – 14.0
<b>Cortisol Evening</b>	2.5	nmol/L		◆		2.0 – 5.0	1.5 – 8.0
<b>Cortisol Night</b>	2.3	nmol/L		◆		1.0 – 4.0	0.33 – 7.0
<b>DHEA*</b>	338	pg/mL			↑		106 – 300

Cortisol Graph



Adrenal Phase: 0



## Hormone Comments

- HPA axis (adrenal gland) function appears reasonably adequate.
- DHEA level is consistent with stress response or supplementation, although PCOS and metabolic syndrome cannot be ruled out. Serum vitamin D, hemoglobin A1c and insulin testing may be warranted.

## 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**
<b>Estradiol (E2)</b>	1.6	pg/mL		◆		0.6 – 4.5	1.0 – 6.0
<b>Progesterone (Pg)</b>	144	pg/mL		◆		127 – 446	400 – 4000
<b>Pg/E2 Ratio†</b>	90.0		↓			≥ 200	≥ 200
<b>Testosterone</b>	16	pg/mL		◆		6 – 49	25 – 60
<b>DHEA*</b>	338	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.
- DHEA level is consistent with stress response or supplementation, although PCOS and metabolic syndrome cannot be ruled out. Serum vitamin D, hemoglobin A1c and insulin testing may be warranted.
- Supplementation reference ranges are based on adherence to proper dosage interval(s). Please visit <https://www.DoctorsData.com/Resources/BestPractices.pdf> for more information.

#### Notes:

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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



PATIENTS: PLEASE FILL OUT COMPLETELY AND RETURN TO THE LAB WITH YOUR SAMPLE(S)

First Name: Maria Middle Initial: V Last Name: Gibbons DOB: 06 03 1986



Please indicate the symptoms you are experiencing as: 0 (none), 1 (mild), 2 (moderate), 3 (severe).  
For example if you are moderately anxious you would indicate this by darkening the 2 next to 'anxious' e.g. 0 1 2 3 Anxious

Symptoms

ALL INDIVIDUALS

0 1 2 3 Difficulty Concentrating	0 1 2 3 Excessive Worry	0 1 2 3 Constipation	0 1 2 3 Weight Gain-Waist
0 1 2 3 Increased Forgetfulness	0 1 2 3 Difficulty Falling Asleep	0 1 2 3 Goiter	0 1 2 3 High Cholesterol
0 1 2 3 Foggy Thinking	0 1 2 3 Difficulty Staying Asleep	0 1 2 3 Cold Body Temperature	0 1 2 3 Elevated Triglycerides
0 1 2 3 Tearful	0 1 2 3 Decreased Stamina	0 1 2 3 Hoarseness	0 1 2 3 Decreased Libido
0 1 2 3 Depressed	0 1 2 3 Diminished Motivation	0 1 2 3 Hair Dry or Brittle	0 1 2 3 Decreased Muscle Size
0 1 2 3 Mood Swings	0 1 2 3 Fibromyalgia	0 1 2 3 Nails Breaking or Brittle	0 1 2 3 Decreased Flexibility
0 1 2 3 Fluid Retention/Bloating	0 1 2 3 Ringing in Ears	0 1 2 3 Slow Pulse Rate	0 1 2 3 Burned Out Feeling
0 1 2 3 Stress	0 1 2 3 Allergies	0 1 2 3 Rapid Heartbeat	0 1 2 3 Sore Muscles
0 1 2 3 Anxious	0 1 2 3 Headaches/Migraines	0 1 2 3 Heart Fluttering/Palpitations	0 1 2 3 Increased Joint Pain
0 1 2 3 Irritable	0 1 2 3 Dizzy Spells	0 1 2 3 Incontinence	0 1 2 3 Neck or Back Pain
0 1 2 3 Nervous	0 1 2 3 Sugar Cravings	0 1 2 3 Hot Flashes	0 1 2 3 Bone Loss
0 1 2 3 Decreased Mental Sharpness	0 1 2 3 Addictive Behavior	0 1 2 3 Night Sweats	0 1 2 3 Thinning Skin
0 1 2 3 Morning Fatigue	0 1 2 3 Poor Impulse Control	0 1 2 3 Infertility Concerns	0 1 2 3 Rapid Aging
0 1 2 3 Afternoon Fatigue	0 1 2 3 Obsessive Behavior (OCD)	0 1 2 3 Acne	0 1 2 3 Aches and Pains
0 1 2 3 Evening Fatigue	0 1 2 3 Craving Food, Alcohol, Tobacco, or Other	0 1 2 3 Scalp Hair Loss	0 1 2 3 IBS
		0 1 2 3 Weight Gain-Hips	Height (inches) <u>65</u>
			Weight (lbs) <u>124</u>

Personal/Family History of: Breast, Uterine, or Ovarian Cancer

WOMEN ONLY

0 1 2 3 Vaginal Dryness	0 1 2 3 Tender Breasts
0 1 2 3 Irregular Periods	0 1 2 3 Fibrocystic Breasts
0 1 2 3 Uterine Fibroids	0 1 2 3 Increased Facial/Body Hair
	Last Menses <u>16/8/20</u>

MEN ONLY

0 1 2 3 Decreased Urine Flow
0 1 2 3 Increased Urinary Urge
0 1 2 3 Prostate Problems
0 1 2 3 Decreased Erections

Indicate the hormones you have used in the past 2 months, and provide details below (see example.)

Hormone Use

Check all that apply: ☒ none ☐ Testosterone ☐ Progesterone ☐ Estradiol ☐ Estriol ☐ DHEA ☐ Hydrocortisone

HORMONE THERAPIES	Example	1	2	3	4
Name of Hormone	Testosterone				
Brand or Source	Compounded				
Delivery	Topical				
Amount (mg)	1 mg				
Date & Time Last Used Prior to Sample Collection	MM / DD / YY 8:30 (AM)   PM	/ / : AM   PM	/ / : AM   PM	/ / : AM   PM	/ / : AM   PM
How Often	Once a day/everyday				
How Long Used	For 10 months				

Does anyone else in your household use topical hormones? ☐ Yes ☒ No

Medication or Amino Acid Use

Check all amino acids and list pertinent medications you have used in the past 2 months. If none are used, check here: ☒

AMINO ACIDS		ANTI-ANXIETY / DEPRESSION / PSYCHOTIC MEDICATIONS (Date & Time Last Taken)			
<input type="checkbox"/> 5-HTP	<input type="checkbox"/> Melatonin	<input type="checkbox"/> Tryptophan			
<input type="checkbox"/> GABA	<input type="checkbox"/> SAMe	<input type="checkbox"/> Tyrosine			
<input type="checkbox"/> Glutamine	<input type="checkbox"/> Theanine				
Date & Time last taken prior to sample collection:					
/ / : AM   PM			Example Prozac MM / DD / YY 8:30 (AM)   PM	1 / / : AM   PM	2 / / : AM   PM
				3 / / : AM   PM	

COMMENTS: (Please do not use additional sheets of paper)

THIS SPACE FOR LAB USE ONLY

200911-0188 11:08AM



SLV-CI-F, Comprehensive Hormone Panel (8 Tests)