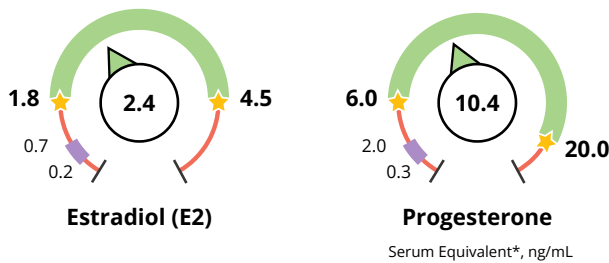
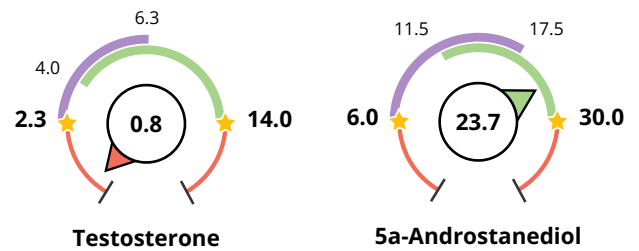


## Hormone Testing Summary

### ESTROGEN & PROGESTERONE

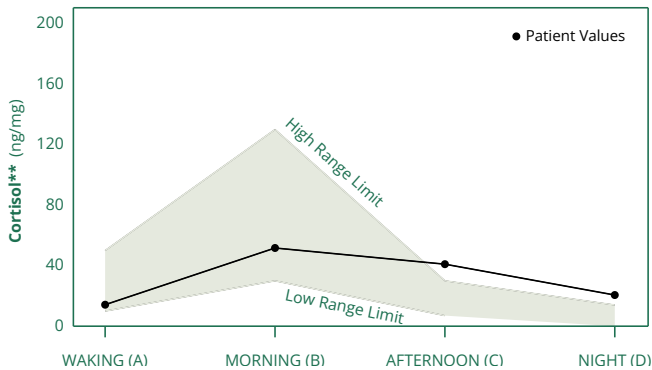


### ANDROGENS

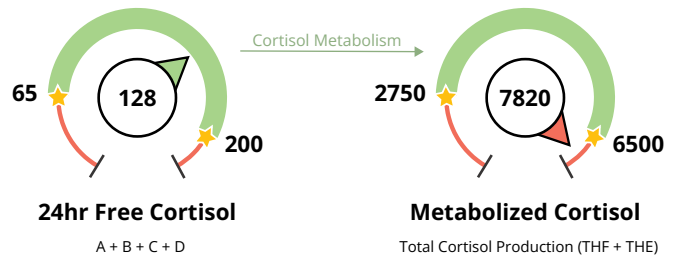
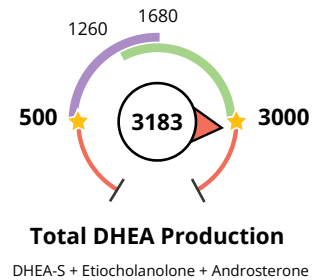
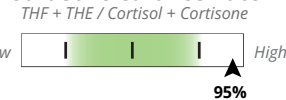


### CORTISOL

#### Daily Free Cortisol Pattern



#### Cortisol Clearance Rate



Optimal Luteal Range Postmenopausal Range Out of Range Edge of Range

\*Progesterone Serum Equivalent is a calculated value based on urine pregnanediol.

\*\*Free cortisol best reflects tissue levels. Metabolized cortisol best reflects total cortisol production.

**Accession # 01081751**Arwa Bager  
N5zgixzrmf4u4ubqge=====**DOB:** 1981-03-31**Age:** 44**Sex:** Female**Last Menstrual Period:****Collection Times:**2025-07-06 10:36AM (U)  
2025-07-06 12:43PM (U)  
2025-07-07 05:00PM (U)  
2025-07-07 10:00PM (U)**Ordering Provider:**

Rupa Health

## Sex Hormones & Metabolites

TEST		RESULT	UNITS	LUTEAL*	POSTMENOPAUSAL
<b>Progesterone Metabolites (Urine)</b>					
b-Pregnanediol	Low end of luteal range	827.1	ng/mg	600 - 2000	60 - 200
a-Pregnanediol	Within luteal range	364.5	ng/mg	200 - 740	15 - 50
<b>Estrogens and Metabolites (Urine)</b>					
Estrone (E1)	Within luteal range	15.44	ng/mg	12 - 26	1.0 - 7.0
Estradiol (E2)	Within luteal range	2.38	ng/mg	1.8 - 4.5	0.2 - 0.7
Estriol (E3)	Within luteal range	11.2	ng/mg	5 - 18	0.6 - 4.0
2-OH-E1	Below luteal range	4.20	ng/mg	5.1 - 13.1	0.3 - 2.0
4-OH-E1	Within luteal range	0.66	ng/mg	0 - 1.8	0 - 0.3
16-OH-E1	Within luteal range	1.61	ng/mg	0.7 - 2.6	0.2 - 0.6
2-Methoxy-E1	Low end of luteal range	2.58	ng/mg	2.5 - 6.5	0.3 - 1.4
2-OH-E2	Within luteal range	0.88	ng/mg	0 - 3.1	0 - 0.52
4-OH-E2	Within luteal range	0.22	ng/mg	0 - 0.52	0 - 0.12
Total Estrogen	Low end of range	39.2	ng/mg	35 - 70	3.5 - 15
<b>Metabolite Ratios (Urine)</b>					
2-OH / 16-OH-E1 Balance	Below range	2.61	ratio	2.69 - 11.83	
2-OH / 4-OH-E1 Balance	Low end of range	6.36	ratio	5.4 - 12.62	
2-Methoxy / 2-OH Balance	Within range	0.61	ratio	0.39 - 0.67	
<b>Androgens and Metabolites (Urine)</b>				<b>Range</b>	
DHEA-S	Low end of range	159.6	ng/mg	20 - 750	
Androsterone	Above range	2067.9	ng/mg	200 - 1650	
Etiocholanolone	High end of range	955.5	ng/mg	200 - 1000	
Testosterone	Below range	0.84	ng/mg	2.3 - 14	
5a-DHT	High end of range	5.7	ng/mg	0 - 6.6	
5a-Androstanediol	Within range	23.7	ng/mg	6 - 30	
5b-Androstanediol	Low end of range	18.0	ng/mg	12 - 75	
Epi-Testosterone	Within range	8.7	ng/mg	2.3 - 14	

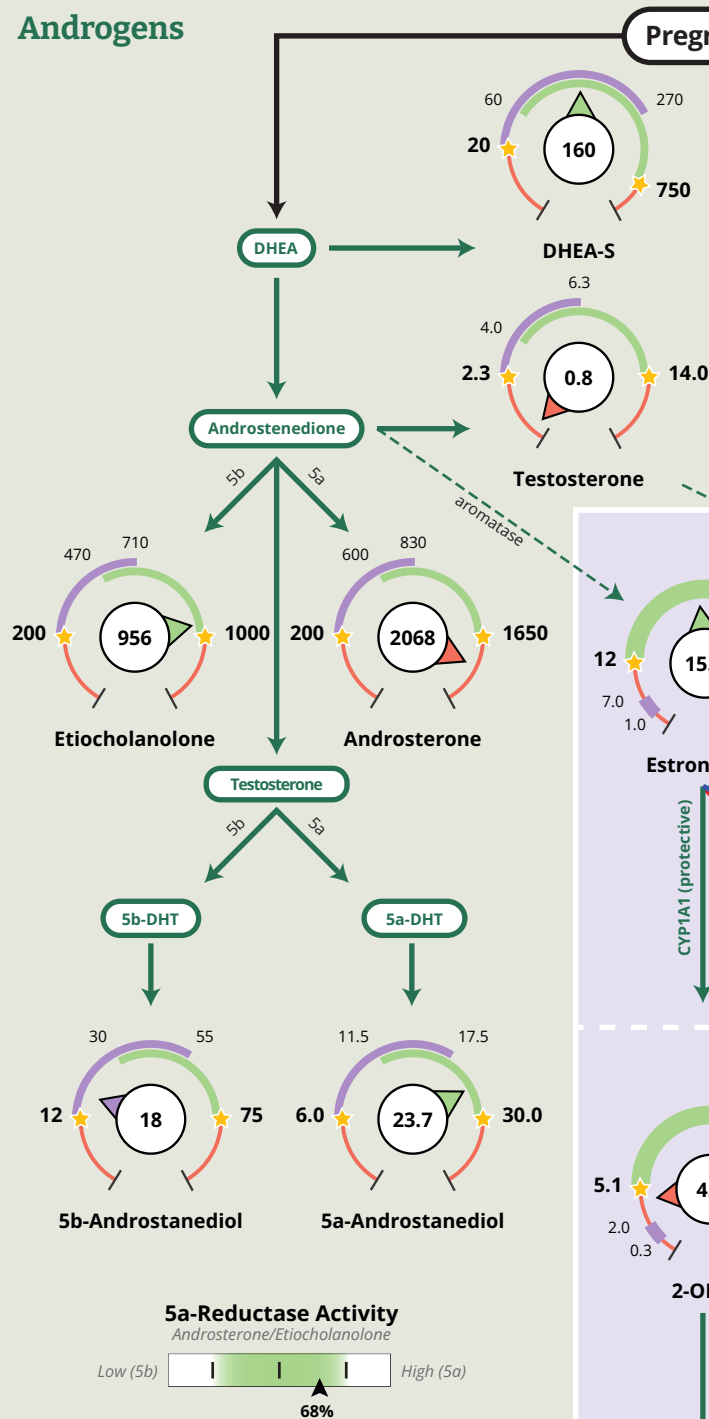
\* The Luteal Range represents the expected premenopausal luteal range, collected menstrual cycle days 19-22 of a 28-day cycle. If your patient noted taking oral progesterone, the reference range represents the expected range on 100 - 200 mg of oral micronized progesterone (OMP). The ranges in the table below represent ranges in other times of the cycle your patient may have collected, such as follicular or ovulatory phases.

ADDITIONAL NORMAL RANGES	FOLLICULAR	OVULATORY	ON ORAL PG
b-Pregnanediol	100 - 300	100 - 300	2000 - 9000
a-Pregnanediol	25 - 100	25 - 100	580 - 3000
Estrone (E1)	4.0 - 12.0	22 - 68	N/A
Estradiol (E2)	1.0 - 2.0	4.0 - 12.0	N/A

# SEX HORMONES & METABOLITES

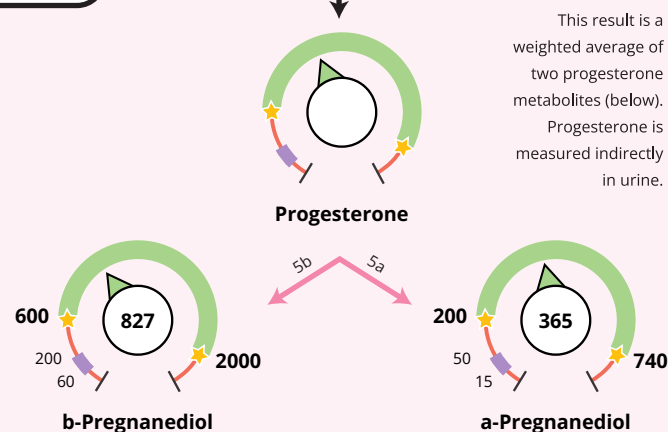
● Optimal Luteal Range ● Postmenopausal Range ● Out of Range ★ Edge of Range

## Androgens

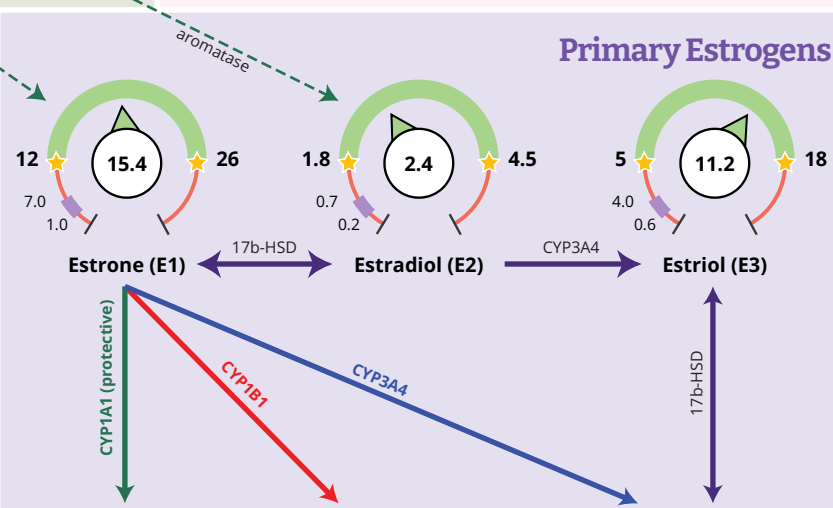


## Progesterone

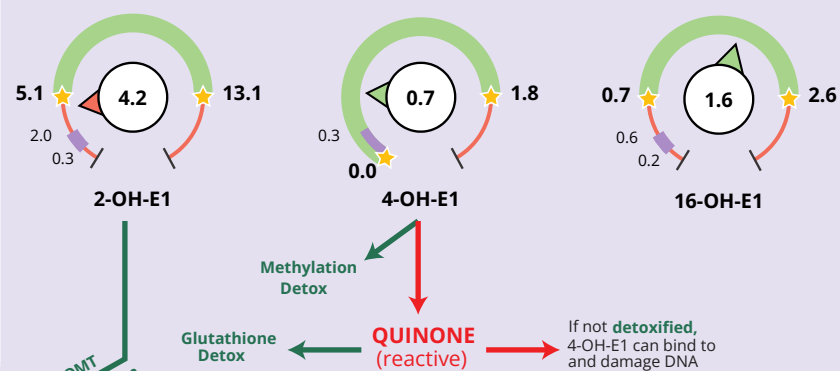
This result is a weighted average of two progesterone metabolites (below). Progesterone is measured indirectly in urine.



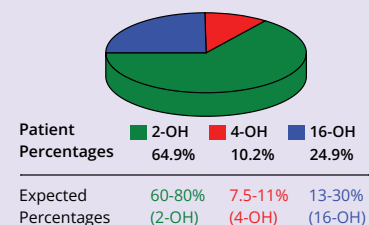
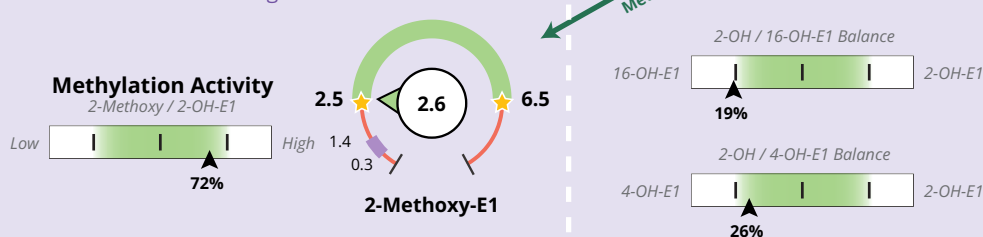
## Primary Estrogens



## Phase 1 Estrogen Metabolism



## Phase 2 Estrogen Metabolism





Accession # 01081751

Arwa Bager  
N5zgixzrmf4u4ubqge=====

10171 SW 154 Cir Ct. 102

Miami, FL 33196

DOB: 1981-03-31

Age: 44

Sex: Female

Last Menstrual Period:

Collection Times:

2025-07-06 10:36AM (U)  
2025-07-06 12:43PM (U)  
2025-07-07 05:00PM (U)  
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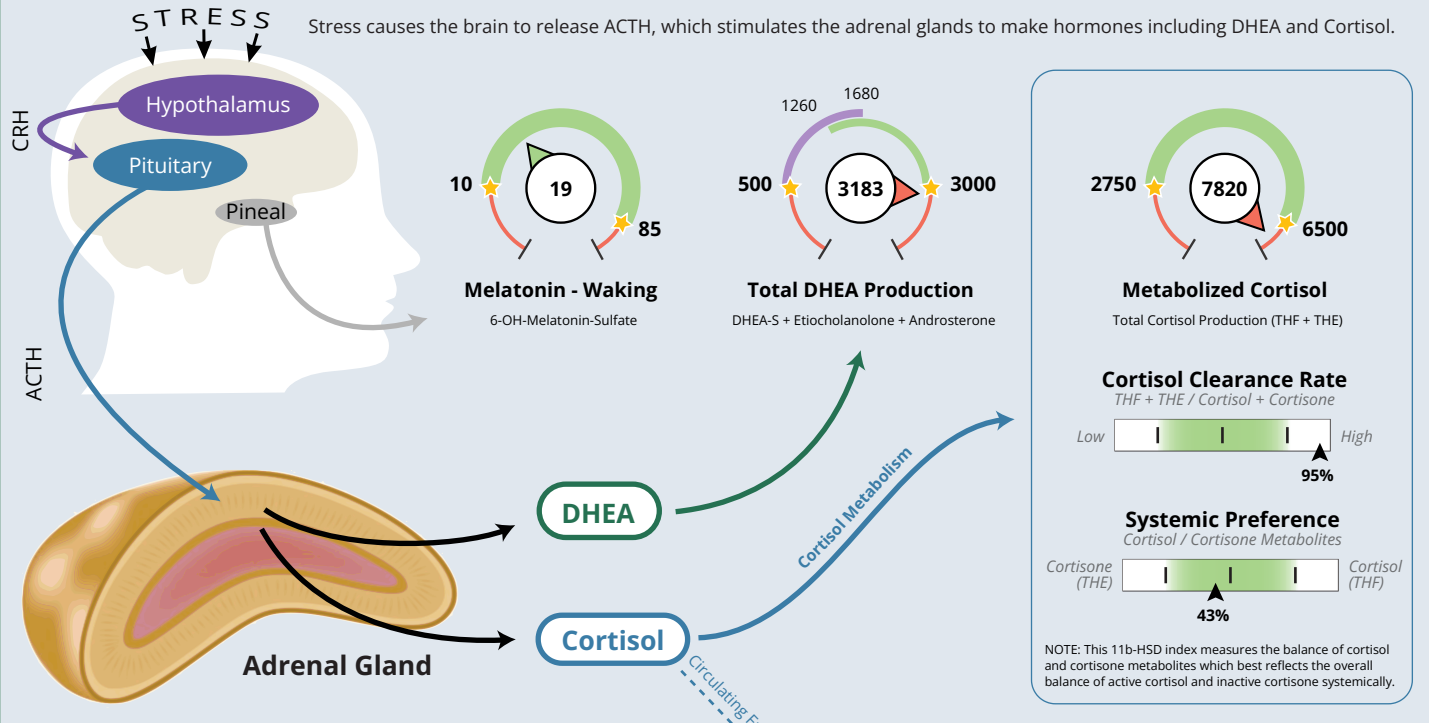
Ordering Provider:

Rupa Health

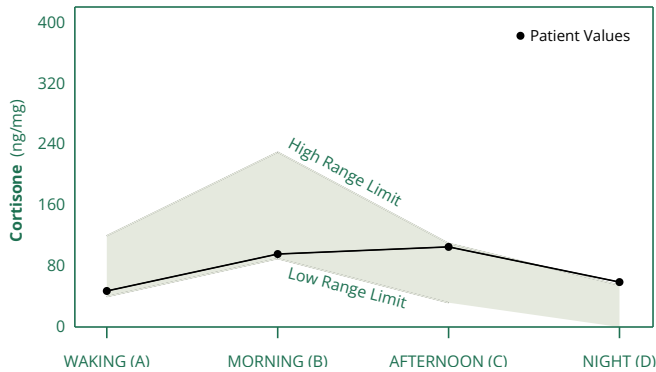
## Adrenal Hormones & Metabolites

TEST		RESULT	UNITS	NORMAL RANGE
Daily Free Cortisol and Cortisone (Urine)				
Cortisol A - Waking	Low end of range	14.2	ng/mg	10 - 50
Cortisol B - Morning	Within range	51.7	ng/mg	30 - 130
Cortisol C - Afternoon	Above range	41.0	ng/mg	7 - 30
Cortisol D - Night	Above range	20.6	ng/mg	0 - 14
Cortisone A - Waking	Low end of range	47.4	ng/mg	40 - 120
Cortisone B - Morning	Low end of range	96.0	ng/mg	90 - 230
Cortisone C - Afternoon	High end of range	105.4	ng/mg	32 - 110
Cortisone D - Night	Above range	59.1	ng/mg	0 - 55
24hr Free Cortisol	Within range	127.5	ng/mg	65 - 200
24hr Free Cortisone	Within range	307.9	ng/mg	220 - 450
Creatinine (Urine)				
Creatinine A - Waking	Within range	1.11	mg/ml	0.2 - 2
Creatinine B - Morning	Within range	1.02	mg/ml	0.2 - 2
Creatinine C - Afternoon	Within range	1.24	mg/ml	0.2 - 2
Creatinine D - Night	Within range	0.83	mg/ml	0.2 - 2
Cortisol Metabolites and DHEA-S (Urine)				
a-Tetrahydrocortisol (a-THF)	Above range	499.7	ng/mg	75 - 370
b-Tetrahydrocortisol (b-THF)	Above range	2810.8	ng/mg	1050 - 2500
b-Tetrahydrocortisone (b-THE)	Above range	4509.1	ng/mg	1550 - 3800
Metabolized Cortisol (THF + THE)	Above range	7820.0	ng/mg	2750 - 6500
DHEA-S	Low end of range	159.6	ng/mg	20 - 750
Cortisol Clearance Rate (CCR)	Above range	18.0		6 - 12.5

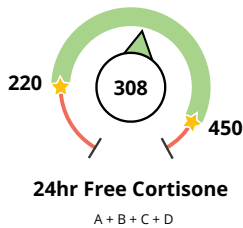
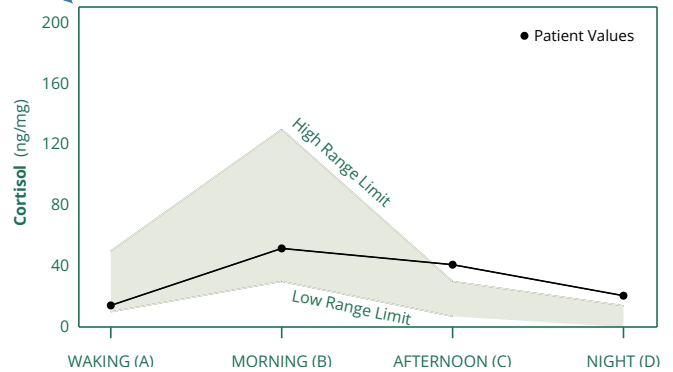
## ADRENAL HORMONES & METABOLITES



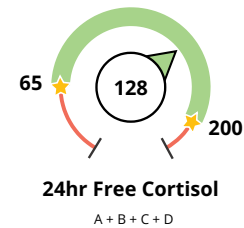
**Daily Free Cortisone Pattern**



**Daily Free Cortisol Pattern**



Cortisol and Cortisone interconvert (11b-HSD)



**Ordering Provider:**

Rupa Health

## Organic Acid Tests (OATs)

TEST		RESULT	UNITS	NORMAL RANGE
<b>Nutritional Organic Acids (Urine)</b>				
Vitamin B12 Marker - May be deficient if high				
Methylmalonate (MMA)	High end of range	2.5	ug/mg	0 - 2.5
Vitamin B6 Markers - May be deficient if high				
Xanthurenate	Within range	0.32	ug/mg	0.12 - 1.2
Kynurenate	Within range	1.8	ug/mg	0.8 - 4.5
Biotin Marker - May be deficient if high				
b-Hydroxyisovalerate	Within range	7.1	ug/mg	0 - 12.5
Glutathione Marker - May be deficient if low or high				
Pyroglutamate	Within range	52.0	ug/mg	28 - 58
Gut Marker - Potential gut putrefaction or dysbiosis if high				
Indican	Within range	32.5	ug/mg	0 - 100
<b>Neuro-Related Markers (Urine)</b>				
Dopamine Metabolite				
Homovanillate (HVA)	Within range	5.6	ug/mg	3 - 11
Norepinephrine/Epinephrine Metabolite				
Vanilmandelate (VMA)	Above range	5.6	ug/mg	2.2 - 5.5
Neuroinflammation Marker				
Quinolinatate	Within range	6.9	ug/mg	0 - 9.6
<b>Additional Markers (Urine)</b>				
Melatonin - Waking				
6-OH-Melatonin-Sulfate	Low end of range	18.5	ng/mg	10 - 85
Oxidative Stress / DNA Damage				
8-Hydroxy-2-deoxyguanosine (8-OHdG)	Within range	2.6	ng/mg	0 - 5.2

## Clinical Support Overview

Thank you for choosing DUTCH for your functional endocrinology testing needs!

Please take a moment to read through the Clinical Support Overview below. These comments are specific to the patient's lab results. These comments are intended for educational purposes only. Specific treatment should be managed by a healthcare provider.

Please review our DUTCH resources for information on reading the DUTCH test:

For DUTCH Overviews and Tutorials, click here: <https://dutchtest.com/tutorials>

To view the steroid pathway chart, click here: <https://dutchtest.com/steroid-pathway>

Finally, please review the patient's results along with their requisition form. It is designed to capture relevant medications, symptoms, diagnoses, sample collection, and notes that may be helpful in interpreting the results.

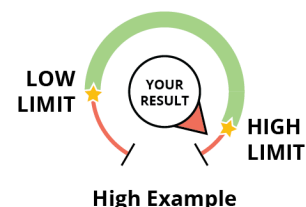
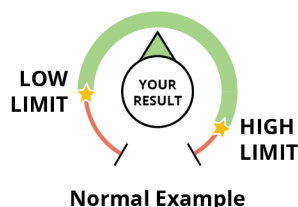
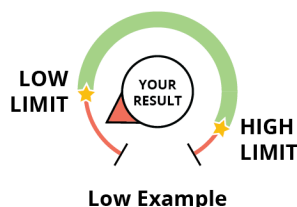
### Alert Comments:

## How to read the DUTCH report

This report is not intended to treat, cure or diagnose any specific diseases.

### DUTCH DIALS

The graphic dials in this report are intended for quick and easy evaluation of hormone levels. The green highlighted area between the stars shows the normal range. Results below the left star and beyond the right star are shaded red representing below and above the normal range respectively. The arrow points to the patient's result and will be the color of the result status (ie red for out of range, green for in range).



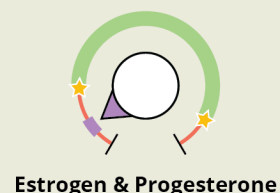
### NEW! - AGE DEPENDENT RANGES

Age-dependent ranges for females are oriented around optimal **premenopausal** and **postmenopausal** levels.

**For estrogen and progesterone dials**, the optimal premenopausal range is captured during the luteal phase of the menstrual cycle. The premenopausal range is shown in green, and the postmenopausal range is shown in purple, with **no overlap**. Due to the dramatic decline in estrogen and progesterone during the menopausal transition, the purple band is separate on the left hand (low) side of the dial.

**For female androgens**, the optimal premenopausal range is not significantly affected by the phase in the menstrual cycle or menopause but declines with age more gradually. The premenopausal range is shown in green, and the postmenopausal range is shown in purple, with some overlap. Note that the arrow pointer changes color to the range it points to, with a preference for the premenopausal green when the ranges overlap.

● Optimal Luteal or Premenopausal Range ● Postmenopausal Range ● Out of Range



### DUTCH SLIDERS

The graphic sliders indicate the relative ratio of the metabolites noted on the slider. The percentage stated is a population percentage. A result of 50% indicates that the ratio is higher than 50% of individuals tested, or right in the middle of the population's range. If the result is lower than 50% it will move to the left and higher than 50% will move to the right. The normal range is shaded green and out of range is shaded white.



For more information about the new slider bars, please click to read our [DUTCH Blog](#).

### Patient or Sample Comments

You will find comments specific to the patient results in each section below in bulleted text. Please refer to our DUTCH resources for further information on interpreting results.

- Please note: When a result is too low, it may display as "Not Reportable". This includes dials and sliders where calculations have invalid results due to very low inputs or missing samples.
- The patient reports regular menstrual cycles.
- The patient reported symptoms of excess estrogen.
- The patient reported significant symptoms of excess androgen levels.
- The patient reported significant fatigue in both the AM and PM.

### PROGESTERONE

The progesterone dial shows the weighted average of the two main urinary metabolites of progesterone, 5b-pregnanediol and 5a-pregnanediol.



## ESTROGEN

When evaluating estrogen levels, it is important to assess the following:

### Estrogen Levels

The primary ovarian hormone, estradiol (the strongest estrogen), and "total estrogen" levels should be reviewed with the appropriate reference range (premenopausal or postmenopausal). For women on HRT, check in with DUTCH resources on specific HRT types and monitoring.

### Estrogen Metabolism

- The 2-OH/16-OH-E1 is low. This indicates less 2-OH and/or more 16-OH. The 2-OH is considered a beneficial phase 1 detox pathway because it is stable, anti-estrogenic, and anti-carcinogenic. But in this case there is more 16-OH-E1 which is not ideal because this pathway is more estrogenic, proliferative, and is associated with inflammation.

## ANDROGENS

When evaluating androgen levels, it is important to assess the following:

### Androgen Levels

Review Testosterone and Total DHEA levels for insight into androgen production. While urinary testosterone levels generally agree well with serum testosterone levels, there are some cases where they do not. We recommend using serum testing to confirm a low testosterone result on the DUTCH test.

- Women aged 41-55 may be within or below the optimal premenopausal range. Symptoms plus other androgens are important for assessing if the levels are appropriate for the patient. This is the normal age for perimenopause and menopause which, for different women, can vary by years. Therefore, this age group should view the expected androgen levels with both optimal premenopausal and postmenopausal ranges in mind.
- The testosterone result **0.84ng/mg** is below the postmenopausal range (Age 56+ range 2.3-6.3 ng/mg) and below range for women of all ages (18-60+ age range 2.3-14.0 ng/mg). Low testosterone symptoms include low mood, low libido, and low muscle mass. As stated above, some patients have low urinary testosterone when serum levels are normal. This is due to a genetic variant that reduces testosterone, 5a-DHT, and 5b-androstenediol excretion in the urine. Consider testing serum to confirm low testosterone before initiating treatment. This [video](#) may help with understanding this nuance of urinary testosterone measurement.
- The Total DHEA Production was **3,183ng/mg**, which is high for the optimal premenopausal range (1260-3000 ng/mg). High DHEA in women is associated with hirsutism, acne, and irregular cycles. Review androgens, cortisol levels (as DHEA comes mainly from the adrenal glands), and patient symptoms for a complete assessment.

### Androgen Metabolism

5a-reductase converts testosterone into 5a-DHT (DHT), which is even more potent (~3x) than testosterone. The best representation of tissue 5a-DHT and overall androgen status, is 5a-Androstenediol. Metabolites created down the 5b-pathway are significantly less androgenic than their 5a counterparts.

- The DHEA-S is lower than the other major metabolites of DHEA, etiocholanolone and androsterone. DHEA-S is mostly formed in the adrenal glands via sulfation. Inflammation can block sulfation. This lowers the DHEA-S and drives the 5a & 5b-reductase enzymes, metabolizing DHEA away from DHEA-S. Consider addressing inflammation and adrenal health.

## CORTISOL

Review the daily pattern of free cortisol throughout the day, looking for low and high levels and noting what time they occur. Next review the sum of free cortisol as an expression of overall tissue cortisol exposure.

### Free Cortisol Levels

- While free cortisol levels are normal, metabolized cortisol is high. This implies that overall HPA-Axis activity is somewhat elevated. Review the circadian rhythm and cortisol metabolism for further insight..

### Cortisol Metabolism

- The Cortisol Clearance Rate is high. This indicates the level of metabolized cortisol exceeds the level of free cortisol and free cortisone. Fast cortisol clearance occurs with elevated levels of 5a and 5b-reductase. This occurs mostly in obesity and insulin resistance but can also be seen with hyperthyroidism or too much thyroid medication. The HPA axis can adjust cortisol excretion to maintain normal levels of free cortisol, but fast clearance can result in upregulation of ACTH and all adrenal products (such as DHEA). In some cases, fast cortisol clearance leads to low free cortisol and low symptoms.

## NUTRITIONAL ORGANIC ACIDS

Organic acids begin to build up when a nutrient cofactor or mineral is not present for a specific reaction to occur.

## NEURO-RELATED MARKERS

- The VMA is high. VMA is the metabolite of epinephrine/norepinephrine. Elevated urinary VMA indicates increased catecholamine production which can come with high stress, both physical and emotional, such as blood sugar dysregulation, infection, inflammation, pain, emotional stress, or major life events. Review the adrenal page for insight into adrenal hormone output and stress.

## ADDITIONAL MARKERS

## Reference Range Percentiles

Reference ranges are developed by testing thousands of healthy individuals, while excluding results from outliers or those on impactful medications. A percentile approach is applied, as is done with most labs. Classic reference ranges use the 95th percentile as the upper end of range and the 5th percentile as the lower end of range. Our DUTCH ranges uses the percentiles found in the table below. We feel these ranges reflect the more optimal range sought in functional medicine practices. The table below shows the percentiles used for the reference range of each analyte on the DUTCH report:

Female Reference Ranges (Updated 05.20.2025)									
	Low%	High%	Low	High		Low%	High%	Low	High
b-Pregnanediol	20%	90%	600	2000	Cortisol A (waking)	20%	90%	10	50
a-Pregnanediol	20%	90%	200	740	Cortisol B (morning)	20%	90%	30	130
Estrone (E1)	20%	80%	12	26	Cortisol C (~5pm)	20%	90%	7	30
Estradiol (E2)	20%	80%	1.8	4.5	Cortisol D (bed)	0	90%	0	14
Estriol (E3)	20%	80%	5	18	Cortisone A (waking)	20%	90%	40	120
2-OH-E1	20%	80%	5.1	13.1	Cortisone B (morning)	20%	90%	90	230
4-OH-E1	0	80%	0	1.8	Cortisone C (~5pm)	20%	90%	32	110
16-OH-E1	20%	80%	0.7	2.6	Cortisone D (bed)	0	90%	0	55
2-Methoxy-E1	20%	80%	2.5	6.5	Cortisol Clearance Rate (CCR)	20%	80%	6	12.5
2-OH-E2	0	80%	0	3.1	Melatonin (6-OHMS)	20%	90%	10	85
4-OH-E2	0	80%	0	0.52	8-OHdG	0	90%	0	5.2
2-16-ratio	20%	80%	2.69	11.83	Methylmalonate	0	90%	0	2.5
2-4-ratio	20%	80%	5.4	12.62	Xanthurenate	0	90%	0.12	1.2
2Me-2OH-ratio	20%	80%	0.39	0.67	Kynurenate	0	90%	0.8	4.5
DHEA-S	20%	90%	20	750	b-Hydroxyisovalerate	0	90%	0	12.5
Androsterone	20%	80%	200	1650	Pyroglutamate	10%	90%	28	58
Etiocolanolone	20%	80%	200	1000	Indican	0	90%	0	100
Testosterone	20%	80%	2.3	14	Homovanillate	10%	95%	3	11
5a-DHT	0	80%	0	6.6	Vanilmandelate	10%	95%	2.2	5.5
5a-Androstanediol	20%	80%	6	30	Quinolinat	0	90%	0	9.6
5b-Androstanediol	20%	80%	12	75	<b>Calculated Values</b>				
Epi-Testosterone	20%	80%	2.3	14	Total DHEA Production	20%	80%	500	3000
a-THF	20%	90%	75	370	Total Estrogens	20%	80%	35	70
b-THF	20%	90%	1050	2500	Metabolized Cortisol	20%	90%	2750	6500
b-THE	20%	90%	1550	3800	24hr Free Cortisol	20%	90%	65	200
					24hr Free Cortisone	20%	90%	220	450
% = population percentile: Example - a high limit of 90% means results higher than 90% of the women tested for the reference range will be designated as "high."									



\*Provider Section - Completion Required for Testing\*

ORDERING HEALTHCARE PROVIDER

Rupa Health

1750 Elm Street, #1200  
Manchester, NH 03104  
Kit Number : 1990515

Billing(BP)



This test measures:

Metabolites of estrogens (9, including E1, E2, E3, 2-OHE1, 4-OHE1, 16-OHE1, 2-MeOE1, 2-OHE2, 4-OHE2), androgens (8, including testosterone, DHT and DHEA-S), progesterone (2), cortisol (3), melatonin (6-OHMS), 8-OHDG, and OATs (9, including vanilmandelate, homovanillate, kynurenate, methylmalonate, xanthurenate, pyroglutamate, quinolinate, indican, and b-hydroxyisovalerate).

ICD-10 Codes (USA Only) Write in one or more codes.

Codes pertaining to adrenal hormones (optional):

Codes pertaining to sex (reproductive) hormones (optional):

HORMONE, SUPPLEMENT, AND PRESCRIPTION INFORMATION

Please complete the following information for any **progesterone, estrogens, DHEA, testosterone, pregnenolone, melatonin, or cortisol** (cortef, hydrocortisone, etc.) you are taking. "Date Last Used" should be the last time you took the hormone before finishing the test.

For Route of Administration (ROA) list one of the following: **1=oral, 2=sublingual** (under the tongue, between cheek/gum), **3=transdermal** (skin) cream, **4=transdermal** (skin) gel, **5=vaginal/labial** creams/inserts, **6=rectal** mucosa, **7=patch, 8=pellet, 9=injection, 10=other**

Hormone	Brand	ROA (1-10)	Dose (mg)	Date Last Used	Times Per Day	Length of Use
	NA					

☐ Not taking any listed hormones

PLEASE INDICATE IF YOU ARE TAKING ANY OF THE FOLLOWING PRESCRIPTIONS:

- ☐ DIM / I-3-C ☒ Thyroid (T3, T4) ☒ Melatonin ☐ Steroid Inhaler ☐ Steroid Nasal Spray  
☐ Glucocorticoid (Prednisone, Dexamethasone, etc.) ☐ Hydrocortisone Cream ☐ Diabetes Medications  
☐ Opioid (Narcotic) Pain Medications (hydrocodone, fentanyl, codeine, oxycodone, etc.) ☐ Creatine  
☐ Blood Pressure Medications ☐ 5-HTP ☐ Anti-Depressants/SSRIs \_\_\_\_\_ (type)

PATIENT INFORMATION

REQUIRED

Patient Name (last, first) Bager, Arwa

Date of Birth (MM/DD/YY) 03/31/1981

Height 5'2 Weight 202 ☒ Female ☐ Male

Email Address arwa93@gmail.com

Address 10171 SW 154 Cir Ct 102

City Miami State FL Zip 33196 Country USA

Day Phone 305-7885319 Cell Phone

- ☒ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ Asian  
☐ Black or African American ☐ Native American or Alaska Native ☒ White

Menstrual Cycles

- ☐ None ☒ Regular ☐ Irregular

Have you had any ovaries removed?

- ☐ Yes ☒ No

If Yes, how many?

- ☒ One ☐ Two

First Day of Last Menses  
(MM/DD/YY)

8/17/2025

Pregnant: ☐ Yes ☒ No

Birth Control: ☐ Yes ☒ No

If Yes, please specify

SAMPLE COLLECTION DATE AND TIME

#1 | DINNER TIME ~5PM

Date 7/7/25 Time 5:00 ☐ AM ☒ PM

#2 | BEDTIME ~10PM

Date 7/7/25 Time 10:00 ☐ AM ☒ PM

#3 | IMMEDIATELY AT WAKING/RISING

Date 7/6/25 Time 10:30 ☒ AM ☐ PM

#4 | 2-HR AFTER WAKING

Date 7/6/25 Time 12:43 ☐ AM ☒ PM

#5 | Extra Overnight Sample - Optional

Date Time ☐ AM ☐ PM

Did you urinate overnight without collecting a sample?

- ☐ Yes ☒ No

LAB USE ONLY

RECEIVED  
JUL 16 2025  
BY: [Signature]

Vendor Code: N5ZGIXZRMF4U4UBQGE  
=====





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(503) 687-2050 | dutchtest.com

Please List any Current/Recent  
Medical Diagnosis Not Listed  
Elsewhere On This Form

- ulcerative colitis  
- psoriasis

DISEASE STATES

	I do not suspect I have this	I suspect I may have this	I have been diagnosed with this
Addison's Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adrenal Insufficiency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cushing's Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism (Overactive)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hypothyroidism (Underactive)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type 2 Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polycystic Ovary Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FATIGUE

Please Rate Your Fatigue Level During The Day

0 = Never/None	0	1	2	3
1 = Sometimes/Mild	Morning Fatigue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 = Often/Moderate	Afternoon Fatigue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 = Always/Severe	Evening Fatigue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE CIRCLE SYMPTOMS YOU ARE EXPERIENCING AND RATE THE OVERALL CATEGORY.

0 = Never/None 1 = Sometimes/Mild 2 = Often/Moderate 3 = Always/Severe

Female

Androgen Excess	Loss of Scalp Hair, Increased Body or Facial Hair, Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Androgen Deficiency	Vaginal Dryness, Decreased Sex Drive, Libido	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estrogen Excess	Tender or Fibrocystic Breasts, Mood Swings, Uterine Fibroids, Heavy Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Estrogen Deficiency	Hot Flashes, Night Sweats, Vaginal Dryness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Male

	0	1	2	3	
Androgen Excess	Increased Sex Drive, Body, or Facial Hair, Aggressive Behavior, Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Androgen Deficiency	Decreased Libido, Erections, or Muscle Size, Increased Belly Fat, Apathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estrogen Excess	Weight Gain (Breast or Hips), Prostate Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL  
SYMPTOMS

0 = Never/None  
1 = Sometimes/Mild  
2 = Often/Moderate  
3 = Always/Severe

	0	1	2	3
Trouble Falling Asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Staying Asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Migraines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHICH BEST DESCRIBES YOU?

- ☐ Underweight  
☐ At ideal weight  
☐ 5-20 lbs Overweight  
☒ >20 lbs Overweight

Are you struggling to lose weight? ☒ Yes ☐ No

WHAT ARE THE TOP ISSUES YOU HOPE THIS TEST WILL HELP YOU RESOLVE?

PLEASE LIST ANY ADDITIONAL MEDICATIONS OR SUPPLEMENTS YOU ARE CURRENTLY TAKING.

- probiotics - statins  
- GI reviv - Levothyroxine  
- colostrum - Vitamin D  
- fish oil

- inositol  
- berberine  
- curcumin  
- Arteriosil

- BBR complete  
- HPA adapt  
- cholesture  
- magnesium  
- Saw palmetto

Patient notes—please list anything about your sample collection or medical situation that you feel may be important for this lab test.

Had a small amount of baked goods on 7/6/25 which  
had a small amount of avocado

\*\*\*BOTH SIDES MUST BE COMPLETED\*\*\*



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