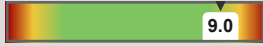



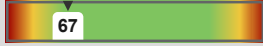



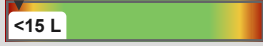







TEST NUMBER: #####
 PATIENT NUMBER: #####
 GENDER: Female
 AGE: 14
 DATE OF BIRTH: dd-mm-yyyy

COLLECTED: dd/mm/yyyy
 RECEIVED: dd/mm/yyyy
 TESTED: dd/mm/yyyy
 dd/mm/yyyy
 dd/mm/yyyy
 dd/mm/yyyy

PRACTITIONER: **Nordic Laboratories**
 ADDRESS:

TEST NAME: Comprehensive Female II (Saliva: Cx4) (Blood Spot: E2, Pg, T, SHBG, DS, TSH, FT3, FT4, TPOab)

TEST NAME	RESULTS 11/11/18	RANGE
Salivary Steroids		
Cortisol	 9.0	3.7-9.5 ng/mL (morning)
Cortisol	 2.2	1.2-3.0 ng/mL (noon)
Cortisol	 0.9 L	1.2-3.0 ng/mL (noon)
Cortisol	 2.3 H	0.6-1.9 ng/mL (evening)
Blood Spot Steroids		
Estradiol	 67	43-180 pg/mL Premeno-luteal or ERT
Progesterone	 1.5 L	3.3-22.5 ng/mL Premeno-luteal or PgRT
Ratio: Pg/E2	 22 L	Pg/E2 (bloodspot-optimal 100-500)
Testosterone	 45	20-130 ng/dL Premeno-luteal or TRT
SHBG	 <15 L	15-120 nmol/L
DHEAS	 80	40-290 µg/dL
Blood Spot Thyroids		
Free T4*	 1.3	0.7-2.5 ng/dL
Free T3	 3.1	2.4-4.2 pg/mL
TSH	 0.7	0.5-3.0 µU/mL
TPOab*	 13	0-150 IU/mL (70-150 borderline)

<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. * For research purposes only.

Therapies

None Indicated



PATIENT: **Sample Report**

TEST REF: **TST-##-####**

TEST NUMBER: #####
 PATIENT NUMBER: #####
 GENDER: Female
 AGE: 14
 DATE OF BIRTH: dd-mm-yyyy

COLLECTED: dd/mm/yyyy
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PRACTITIONER: **Nordic Laboratories**
 ADDRESS:

TEST NAME: Comprehensive Female II (Saliva: Cx4) (Blood Spot: E2, Pg, T, SHBG, DS, TSH, FT3, FT4, TPOab)

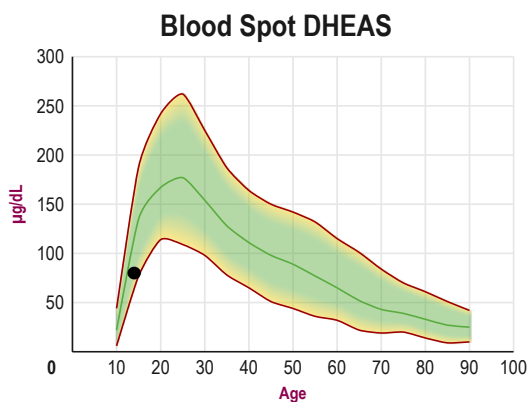
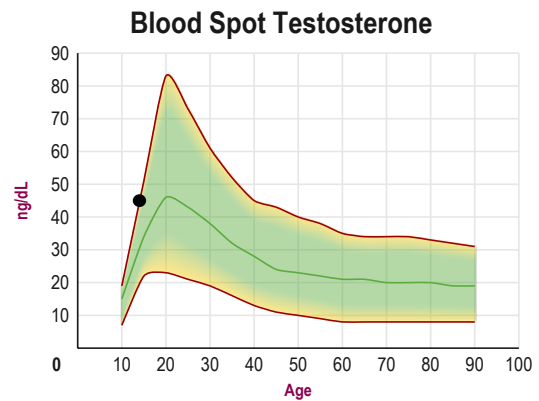
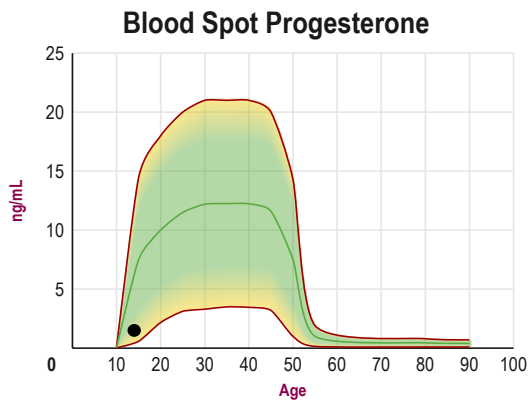
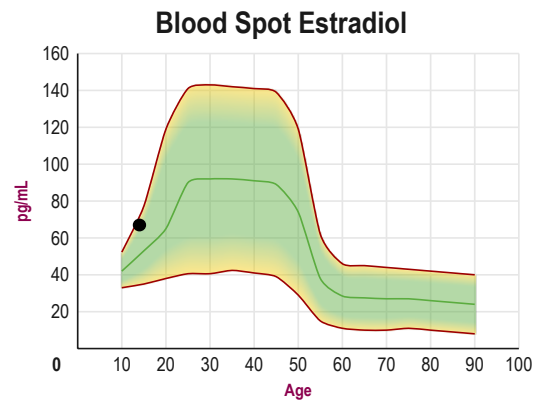
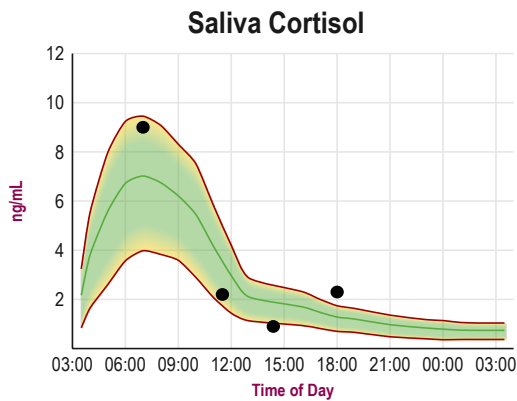
TEST REPORT | Results *continued*

Sample Report
 # 2018 11 11 111

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



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Page 2 of 4

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PATIENT: **Sample Report**

TEST REF: **TST-##-####**

TEST NUMBER: #####

COLLECTED: dd/mm/yyyy

PATIENT NUMBER: #####

RECEIVED: dd/mm/yyyy

PRACTITIONER: **Nordic Laboratories**

GENDER: Female

TESTED: dd/mm/yyyy

AGE: 14

dd/mm/yyyy

DATE OF BIRTH: dd-mm-yyyy

dd/mm/yyyy

ADDRESS:

TEST NAME: Comprehensive Female II (Saliva: Cx4) (Blood Spot: E2, Pg, T, SHBG, DS, TSH, FT3, FT4, TPOab)

TEST REPORT | Reference Ranges

Sample Report
2018 11 11 111

Disclaimer: Supplement type and dosage are for informational purposes only and are not recommendations for treatment.

TEST NAME	WOMEN
Cortisol	3.7-9.5 ng/mL (morning); 1.2-3.0 ng/mL (noon); 0.6-1.9 ng/mL (evening); 0.4-1.0 ng/mL (night)
Estradiol	43-180 pg/mL Premeno-luteal or ERT; <10-49 pg/mL Postmenopausal; 18-58 pg/mL Early Follicular
Progesterone	3.3-22.5 ng/mL Premeno-luteal or PgRT; <0.1-0.8 ng/mL Postmenopausal
Ratio: Pg/E2	Pg/E2 (bloodspot-optimal 100-500)
Testosterone	20-130 ng/dL Premeno-luteal or TRT; 10-45 ng/dL Postmenopausal
SHBG	15-120 nmol/L
DHEAS	40-290 µg/dL
Free T4	0.7-2.5 ng/dL
Free T3	2.4-4.2 pg/mL
TSH	0.5-3.0 µU/mL
TPOab	0-150 IU/mL (70-150 borderline)

Lab Comments

Cortisol is within range, but low mid afternoon and high for an evening sample. There is no sample collected at an expected bedtime. Symptoms of both high and low may be experienced. High cortisol may be associated with symptoms of sleep disturbances, anxiety, memory lapses, fatigue, and weight gain at the waist, bone loss, and depression. The ability to produce high levels of cortisol under acute conditions is an important stress response; however, if cortisol remains chronically high, excessive breakdown of normal tissues (muscle wasting, thinning of skin, bone loss) and immune suppression can result. Elevated cortisol interferes with the proper function of other hormones including estradiol, progesterone, testosterone and thyroid. High levels are often due to a hypoglycemic event between meals. Low cortisol is usually caused by chronic, unresolved stress (mental/emotional/physical). The most common symptoms associated with low adrenal cortisol are fatigue, anxiety, nervousness, allergies, chemical sensitivity, cold body temp, and sugar craving. During times of excessive stress these symptoms often surface as the adrenal glands fail to meet the demands for higher cortisol output. Low cortisol can also exacerbate symptoms of low thyroid, as cortisol is essential for thyroid function at the tissue level.

Estradiol (blood spot) is within mid-normal observed range for a premenopausal woman. Although estradiol is within observed range, it is not well balanced with progesterone (low progesterone/estradiol ratio). Estradiol at this level during the luteal phase of the menstrual cycle should be well balanced with progesterone (ideal progesterone/estradiol ratio 100-500) to help prevent estrogen dominance.

Progesterone (blood spot) is lower than observed range for a premenopausal woman during luteal phase of the menstrual cycle. Assuming the blood was collected during mid-luteal phase of the menstrual cycle (days 19-22 of a 28 day cycle), a low progesterone may indicate anovulation (no egg produced), luteal insufficiency (egg produced but poor production of progesterone by the corpus luteum), or use of synthetic hormones (e.g. hormonal contraceptives-none indicated) that suppress endogenous ovarian synthesis of progesterone. If symptoms of estrogen imbalance are/become problematic consider creating a more balanced progesterone/estradiol ratio (ideal ratio 100-500) with progesterone and/or estrogen/progesterone supplementation (assuming no contraindications).

Testosterone (blood spot) is within normal range for a premenopausal woman. Testosterone is an anabolic hormone essential for creating energy, maintaining optimal brain function (memory), regulating the immune system, and building and maintaining the integrity of structural tissues such as skin, muscles, and bone.

SHBG is low. SHBG is a protein produced by the liver and released into the bloodstream to help regulate the bioavailable levels of estradiol and testosterone. It binds tightly to estradiol but about 5 times tighter to testosterone, thus limiting the bioavailability of testosterone more than estradiol. Hepatic synthesis of SHBG is increased by estradiol and thyroid (T3) and lowered by high levels of testosterone and insulin (common with insulin resistance).

DHEAS (blood spot) is within low-normal range. DHEAS is highest during the late teens to early twenties and then declines progressively with age to the lower levels of the range in healthy men and women. DHEAS is expected to be within the lower range in older individuals. In younger individuals, lower DHEAS is often associated with adrenal fatigue or removal of the ovaries. Low DHEAS is often associated with low testosterone (DHEA is a testosterone precursor) and symptoms of androgen deficiency (fatigue, depression, vaginal dryness, low libido, loss of muscle mass, bone loss, memory lapses). If symptoms of androgen deficiency are/become problematic consider DHEA therapy assuming cortisol is within normal range. DHEA therapy can cause a transient suppression of cortisol and exacerbate symptoms of cortisol deficiency if cortisol is low.

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Page 3 of 4

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PATIENT: **Sample Report**

TEST REF: **TST-##-####**

TEST NUMBER: #####

COLLECTED: dd/mm/yyyy

PRACTITIONER: **Nordic Laboratories**

PATIENT NUMBER: #####

RECEIVED: dd/mm/yyyy

GENDER: Female

TESTED: dd/mm/yyyy

ADDRESS:

AGE: 14

dd/mm/yyyy

DATE OF BIRTH: dd-mm-yyyy

dd/mm/yyyy

TEST NAME: Comprehensive Female II (Saliva: Cx4) (Blood Spot: E2, Pg, T, SHBG, DS, TSH, FT3, FT4, TPOab)

TEST REPORT | Comments *continued*

Sample Report
2018 11 11 111

Thyroid hormones (free T4, free T3, TSH) and thyroid peroxidase antibodies are within normal ranges; however, this does not exclude the possibility of a functional thyroid deficiency if symptoms are problematic.

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