Nordic Laboratories

PATIENT:	**Sample Report**			TEST REF:	**TST-##-#####**
TEST NUMBER:	##########	COLLECTED:	dd/mm/yyyy	PRACTITIONER:	**Nordic Laboratories**
PATIENT NUMBER:	##########	RECEIVED:	dd/mm/yyyy	ADDRESS:	
GENDER:	Female	TESTED:	dd/mm/yyyy		
AGE:	26				
DATE OF BIRTH:	dd-mm-yyyy				

TEST NAME: Estradiol, progesterone, testosterone (free) - Saliva

TEST NAME	RESULTS | 01/01/19	RANGE
Salivary Steroids		
Estradiol	1.2 L	1.3-3.3 pg/mL Premenopausal (Luteal)
Progesterone	26 L	75-270 pg/mL Premenopausal (Luteal)
Ratio: Pg/E2	22 L	Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	23	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.

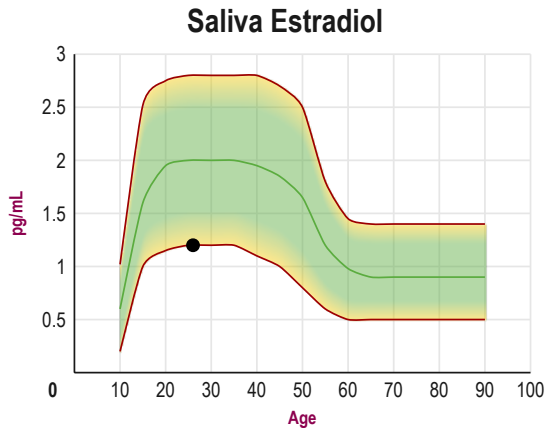
Therapies

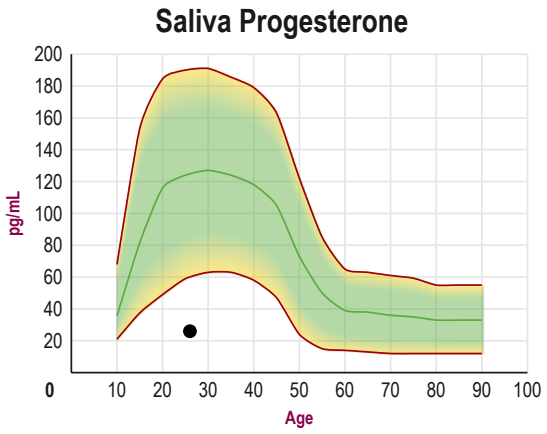
None Indicated

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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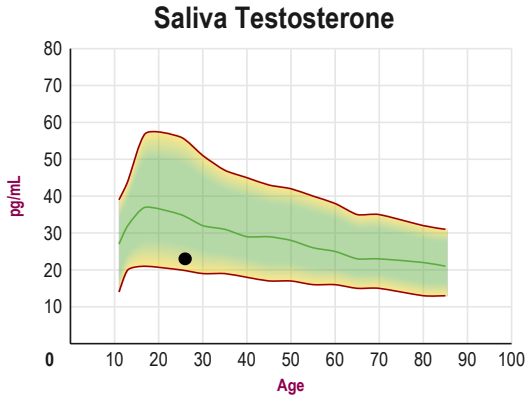
TEST NAME: Estradiol, progesterone, testosterone (free) - Saliva

TEST REPORT | Results *continued*

Sample Report
2019 01 11 111



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GENDER:	Female	TESTED:	dd/mm/yyyy		
AGE:	26				
DATE OF BIRTH:	dd-mm-yyyy				

TEST NAME: Estradiol, progesterone, testosterone (free) - Saliva

TEST REPORT | Reference Ranges

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

TEST NAME	WOMEN
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); 0.5-1.7 pg/mL Premenopausal (Follicular); 1.1-4.8 Premeno-Ovulatory (2.0-4.8 optimal)
Progesterone	12-100 pg/mL Postmenopausal; 12-100 pg/mL Premenopausal (Follicular); 75-270 pg/mL Premenopausal (Luteal); 30-300 pg/mL Oral Progesterone (100-300 mg); 200-3000 pg/mL Topical, Troche, 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)

Lab Comments

Estradiol is lower than the optimal range (1.5-3.3) expected for a young premenopausal woman. Low estradiol is common with anovulatory cycles, irregular menstrual cycles, and the use of hormonal contraceptives (none indicated). Progesterone is low, consistent with anovulatory cycles, luteal phase deficiency, or the use of contraceptives. Symptoms do not suggest chronic low estradiol and progesterone, supporting the notion of an anovulatory cycle or the use of hormonal contraceptives. Hormonal contraceptives suppress endogenous estrogen and progesterone production by the ovaries. At the tissue level the synthetic hormones found in the contraceptive behave much like the natural hormones in that they bind cellular receptor proteins for estrogens and progesterone, and activate identical gene products.

Testosterone is within range, but low-normal. Paradoxically, symptoms are more characteristic of high androgen exposure (eg. loss of scalp hair, increased facial/body hair, or acne). This suggests that the saliva was not collected during the luteal phase (consistent with low progesterone) or the use of a hormonal contraceptive (none indicated) that suppresses ovarian synthesis of testosterone and progesterone (note: progesterone is low). Some synthetic hormonal contraceptives, while suppressing the endogenous ovarian synthesis of testosterone, can have androgenic (testosterone-like) activity and contribute to symptoms of androgen excess. These synthetic androgens found in hormonal contraceptives are not detected with the assays used to detect testosterone.

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