# The Great Plains Laboratory, Inc.

Report Number:
09-999

Provider:
Just Hormones
232323 SW Hormone St.
Mesa, AZ 85215

Patient Info:
David Sample
Age: 46   **Gender:** M
Menopausal Status:
None

87654 NE Balanced Street
Suffern, NJ 10901
Phone: Not available

Samples	Date/Time
Morning	11/07/2005 0800
Noon	11/07/2005 1230
Evening	11/07/2005 1820
Night	11/07/2005 2350
Date Samples	11/10/2005
Date Results	11/11/2005

Saliva Hormone Test	Result	Units	L	WR	H	Reference Range
Estradiol [E2]	<1.0	pg/ml		X		(1) 1.0-3.2 post-menopausal; (2) 1.0-10.8 pre-menopausal; (3) 1.5-10.0 replacement therapy; (4) <2.5 males
Progesterone	35.9	pg/ml		X		(1) 18-51 post-menopausal; (2) 127-446 pre-menopausal-luteal; (3) 500-3000 supplementation; (4) <94 males
Ratio of Pg/E2	35.9		X			(1) 200-600 females; (2) 200-300 males;
Testosterone	46.1	pg/ml		X		(1) 30.1-142.5 males; (2) 4.5-49 females; (3) 30-60 therapy females; (4) 250-350 therapy males;
DHEA	61.3	pg/ml	X			(1) 137-336 males; (2) 106-300 females;
Cortisol Morning	4.0	nmo/L	X			(1) 5.1-40.2; Optimal Range: 18-35*
Cortisol Noon	4.7	nmo/L		X		(1) 2.1-15.7; Optimal Range: 6-12*
Cortisol Evening	1.5	nmo/L	X			(1) 1.8-12; Optimal Range: 4-8*
Cortisol Night	<0.3	nmo/L	X			(1) 0.9-9.2; Optimal Range: 2-6*

*DHEA, Testosterone and Estriol results are for investigational use only   L=Low (below reference range)   WR=Within Range (within reference range)   H= High (above reference range)

* Apply only when all four cortisols are measured. Clinical interpretations may override these generalized optimal reference ranges.

Cortisol Graph
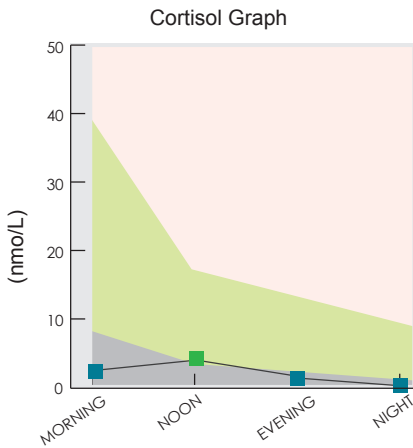
Interpretations:

- The low Pg/E2 ratio is consistent with estrogen dominance, which increases the risk of prostate gland enlargement and cancer. Supplementation with topical progesterone to correct this relative deficiency is a consideration.

- Suboptimal testosterone is consistent with reported deficiency symptoms and is often associated with metabolic syndrome (insulin resistance). Fasting blood sugar and insulin levels may be warranted. Boosting the testosterone level is a consideration.

- DHEA level is consistent with the expected decline with age (adrenopause). The low DHEA level may warrant supplementation for optimal well-being. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.

- Diurnal cortisol pattern and reported symptoms are consistent with established (Phase 3) adrenal gland fatigue (hypoadrenia), although concomitant thyroid and/or iodine insufficiency cannot be ruled out.