



PATIENT: **Sample Report**

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

TEST NUMBER: #####
 PATIENT NUMBER: #####
 GENDER: Male
 AGE: 24
 DATE OF BIRTH: dd-mm-yyyy

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

PRACTITIONER: **Nordic Laboratories**
 ADDRESS:

TEST NAME: Male Blood Profile I (E2, T, DS, C, SHBG, & PSA)

Test Name	Result	Range
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Blood Spot Steroids

Estradiol	32	12-56 pg/mL
Testosterone	1308 H	400-1200 ng/dL (Age Dependent)
Ratio: T/SHBG	1.4 H	.7 - 1.0
SHBG	33	15-50 nmol/L
DHEAS	368 H	70-325 µg/dL
Cortisol	23.0 H	8.5-19.8 µg/dL (morning), 3.3-8.5 (eve/night)

Blood Spot

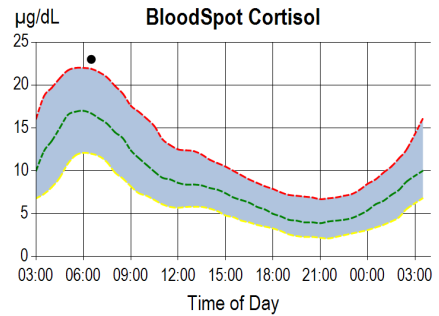
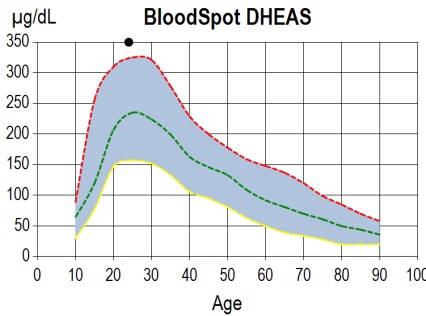
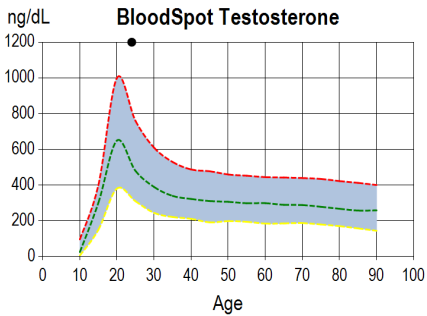
PSA **<0.5** <0.5-4 ng/mL (optimal 0.5-2)

<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

Disclaimer: Graphs below represent hormone levels in testers not using hormone supplementation and are provided for informational purposes only. Please see comments for additional information if results are higher or lower than expected. Graph key ---High ---Avg ---Low





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Sample Report

Lab Comments

Estradiol (blood spot) is within observed range for a male.

Testosterone determined by finger-prick blood spot testing is higher than expected range for a young healthy male. This is common with testosterone therapy, however, no testosterone therapy was indicated on the requisition form. The testosterone in the blood spot assay represents the level in whole blood (includes all blood cells that also carry hormones to target tissues), which is very similar to serum or plasma levels in patients not supplementing with testosterone. However, in individuals supplementing with topical or troche/sublingual testosterone the blood spot values are usually higher as this is more representative of capillary/tissue levels of testosterone than is serum.

SHBG is within normal range. The SHBG level is a relative index of overall exposure to all forms of estrogens (endogenous, pharmaceutical, xeno-estrogens). As the estrogen levels increase there is a proportional increase in hepatic production of SHBG. SHBG binds tightly to testosterone and its more potent metabolite dihydrotestosterone (DHT). It also binds tightly to estradiol, the most potent of the endogenous estrogens, but about 5 times weaker than to testosterone and DHT. Thus an increase in SHBG results in proportionately less bioavailable testosterone than estradiol. The ideal ratio of testosterone to SHBG in males is 0.7-1. As men age testosterone levels drop and SHBG levels increase, resulting in a lower testosterone/SHBG ratio. Andropausal symptoms are often caused by the lower bioavailable level of testosterone.

DHEAS (blood spot) is higher than 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. With DHEA therapy, DHEAS is expected to be within the range of younger individuals and often reaches levels higher. DHEAS is an androgen precursor and can be converted directly in tissues to the more potent androgens testosterone and DHT. Thus, a high DHEAS can be associated with symptoms of androgen excess (e.g. loss of scalp hair, agitation, irritation, acne).

Morning cortisol (blood spot) is high. If symptoms of adrenal imbalance are problematic consider testing cortisol in saliva 4x throughout the day to determine if levels remain high. If salivary cortisol levels drop following the morning sample this suggests low adrenal reserve and need for adrenal support. If levels remain high, consider means to lower cortisol (e.g. stress reduction, phosphatidyl serine, androgen or thyroid therapy if levels of these hormones are low-both lower cortisol).

PSA (Prostate Specific Antigen) is within normal range.