



PATIENT: **Sample Report**

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

TEST NUMBER: #####
 PATIENT NUMBER: #####
 GENDER: Female
 AGE: 58
 DATE OF BIRTH: dd-mm-yyyy

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

PRACTITIONER: **Nordic Laboratories**
 ADDRESS:

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

TEST NAME	RESULTS 10/14/18	RANGE
Salivary Steroids		
Estradiol	<0.5 L	0.5-1.7 pg/mL Postmenopausal (optimal 1.3-1.7)
Progesterone	41	12-100 pg/mL Postmenopausal
Ratio: Pg/E2	N/A	Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	21	16-55 pg/mL (Age Dependent)
DHEAS	5.3	2-23 ng/mL (Age Dependent)
Cortisol	7.2	3.7-9.5 ng/mL (morning)
Cortisol	2.9	1.2-3.0 ng/mL (noon)
Cortisol	3.2 H	0.6-1.9 ng/mL (evening)
Cortisol	1.0	0.4-1.0 ng/mL (night)
Blood Spot Thyroids		
Free T4*	0.8	0.7-2.5 ng/dL
Free T3	3.0	2.4-4.2 pg/mL
TSH	1.2	0.5-3.0 µU/mL
TPOab*	11	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

oral E2/Norethindrone (Pharmaceutical) (6 Weeks Last Used)



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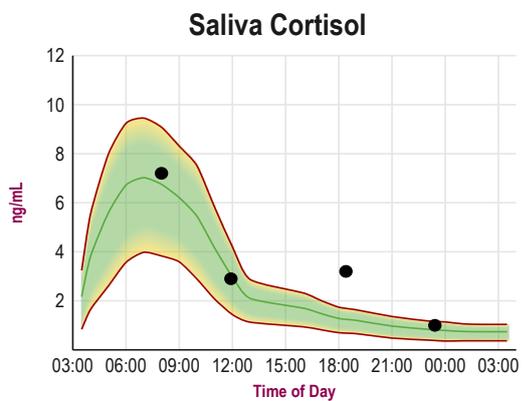
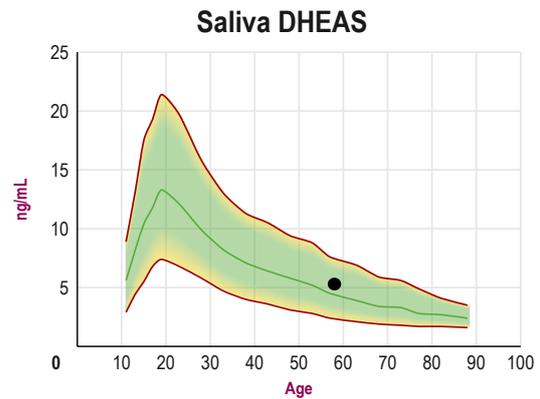
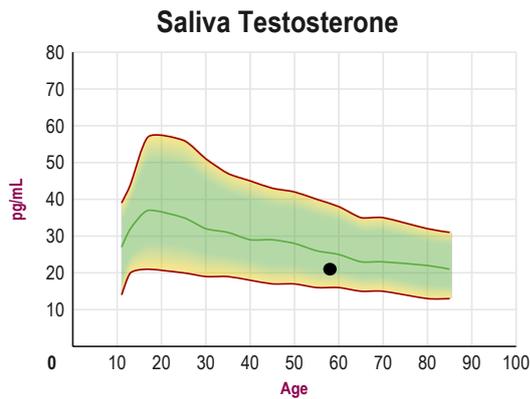
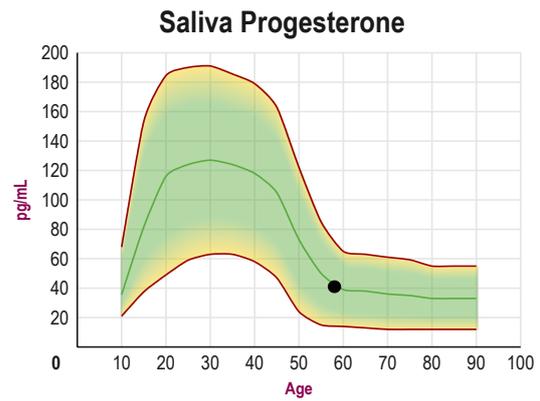
TEST REPORT | Results *continued*

Sample Report
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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 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)
DHEAS	2-23 ng/mL (Age Dependent)
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)
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

Estradiol is lower than the observed range for a postmenopausal woman, which contributes to symptoms of estrogen deficiency. Progesterone is within expected low range for a postmenopausal woman. Consider estrogen therapy (assuming no contraindications) in combination with bio-identical progesterone to help resolve estrogen deficiency symptoms.

Progesterone is within expected range for a postmenopausal woman. It would be worthwhile to consider supplementation with combination of a natural estrogen and progesterone (assuming no contraindications) since estradiol is low and adequate estrogen is necessary to increase cellular progesterone receptors and enhance the balancing effects of progesterone on estrogens.

Testosterone is low-normal (range 16-25 pg/ml), which may account for the reported symptom of low libido. Other symptoms characteristic of chronic low testosterone include incontinence, vaginal dryness, fatigue, memory lapses, bone loss, and depression. Testosterone is an anabolic hormone essential for creating energy throughout the body, maintaining optimal brain function (memory), regulating the immune system, and building and maintaining the integrity of structural tissues such as skin, muscles, and bone.

DHEAS is within mid-normal expected age range. DHEAS is highest during the late teens to early twenties (10-20 ng/ml) and drops steadily with age to the lower end of range by age 70-80.

Cortisol is within normal range in the morning and at noon, but rises to a high level in the evening and high-normal at night. Higher evening/night cortisol indicates either some form of adrenal stressor(s) that is increasing adrenal gland synthesis of cortisol or supplementation with a glucocorticoid (eg. hydrocortisone used as an anti-inflammatory or some other cortisol analogue used for treating allergies or asthma) or adrenal adaptogen that increases adrenal cortisol synthesis (eg. herbal medications such as licorice or ginseng). The most common stressors include: psychological stressors (emotional), physical insults (injury, pain, diseases), chemical exposure (environmental pollutants, excessive medications), hypoglycemia (low blood sugar), and pathogenic infections (bacterial, viral, fungal). Acute situational stressors (e.g., anxiety over unresolved situations, coming home from work to a stressful situation.) can also result in a transient increase in evening/night cortisol levels, which is a normal response to the stressor. Chronic high evening/night cortisol is commonly associated with sleep disturbances, fatigue, depression, weight gain in the waist, bone loss, and anxiety. This condition can also impair the actions of other hormones such as insulin and thyroid, causing symptoms of their deficiency, even though the levels of these hormones may be within normal range (i.e., insulin resistance and thyroid deficiency). For additional information about strategies for supporting adrenal health and reducing stressors, the following books are worth reading: "Adrenal Fatigue", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Talbott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "Awakening Athena" by Kenna Stephenson, MD.

Free T4 is within normal range but lower than the optimal range of 1-2. Reported symptoms of thyroid deficiency are minimal. If symptoms become more problematic it would be worthwhile to consider thyroid therapy or modification of any hormonal imbalances (eg. high estradiol, low progesterone, low testosterone, high or low cortisol) that might impede optimal thyroid function.

Free T3 is within normal range and symptoms of thyroid deficiency are minimal.

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

TEST REPORT | Comments *continued*

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TSH is within normal range and symptoms of thyroid deficiency are minimal.

Thyroid peroxidase (TPO) antibodies are low indicating that Hashimoto's autoimmune thyroiditis is unlikely.