



SALIVA TEST REPORT

Patient Name Jane Doe	PatientID JD701015	Non-smoker BMI 28 Waist 39 in
DOB 10/15/1970 (48 yrs.)	Report Date and Time 12/18/2018 13:00	Medications None
Gender F	Received Date and Time 12/10/2018 15:00	
Menopausal Status Premenopausal Regular 28-day cycle Last cycle on 11/15/2018	Specimen Collection Date and Time Saliva Morning 12/5/2018 07:00 Saliva Noon 12/5/2018 12:45 Saliva Evening 12/5/2018 16:45 Saliva Night 12/5/2018 23:25	Provider ID: 0000 Doctor T 17387 63rd Ave Lake Oswego, OR 97035 Ph: XXX-XXX-XXXX

YOUR RESULTS AT A GLANCE

Estradiol (pg/mL)



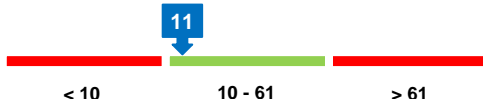
Progesterone (pg/mL)



Pg/E2 Ratio



Testosterone (pg/mL)



DHEA (pg/mL)



- █ Low or High Range
- █ Normal Range
- █ Your Levels

Your Steroid Hormones

Your Progesterone and Pg/E2 ratio are low.

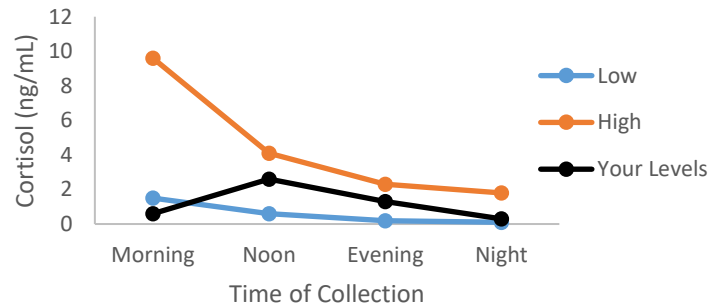
Your Adrenals

Your DHEA is normal. Your morning Cortisol levels are low.

Your Thyroid Hormones

Testing is recommended

Cortisol



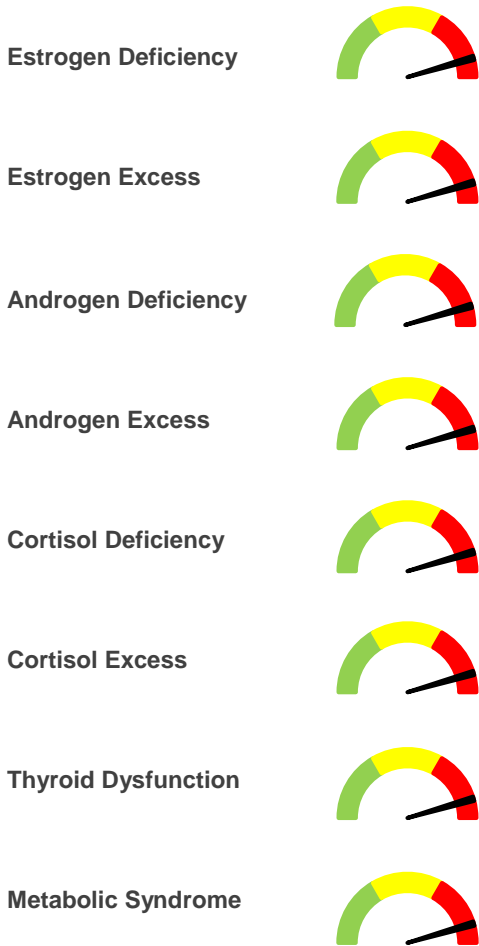
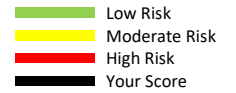
Steroid Hormone Tests (Saliva)

	12/5/2018	Non-Supplementing Range
Estradiol (E2)	3.0	1.1 - 7.8 pg/mL
Progesterone (Pg)	73 L	99 - 333 pg/mL
Ratio Pg/E2	24.3 L	100 - 500*
Testosterone	11	10 - 61 pg/mL
DHEA	170	34 - 496 pg/mL
Cortisol Morning	0.6 L	1.5 - 9.6 ng/mL
Cortisol Afternoon	2.6	0.6 - 4.1 ng/mL
Cortisol Evening	1.3	0.2 - 2.3 ng/mL
Cortisol Night	0.3	0.1 - 1.8 ng/mL

*Only when Estradiol is within normal premenopausal range

Symptom Summary

The following figures explain the summary of indicated symptoms and how problematic is the patient's condition based on their symptoms. A few common conditions due to hormone imbalance have been shown below. The green, yellow and red zones represent the degree of complexity in a specific symptom category and provide the health care provider and their patient some idea about the possible cause of hormone imbalance.



What do your test results mean?

ESTRADIOL

Estradiol acts mainly as a growth hormone for the reproductive structures in females. In addition, estradiol works in conjunction with progesterone during the menstrual cycle and pregnancy. Low estrogen levels can cause low libido or diminished sex drive and too much estrogens can cause symptoms of estrogen dominance. In males, estradiol is involved in sperm maturation and also helps to maintain a healthy libido.

Estradiol has a significant role in maintaining healthy bone growth and improving blood flow in coronary arteries in addition to offering neuroprotective effects. Estrogens have been known to contribute to risk of breast cancer as well as some non-cancerous conditions like endometriosis and uterine fibroids.

PROGESTERONE

Progesterone in females is known to be involved in maintaining normal menstrual cycles and early stages of pregnancy. Low levels of progesterone can cause abnormal cycles or conception problems. Low progesterone levels could also result in higher estrogen levels, which has been known to decrease sex drive and cause weight gain. High progesterone levels have been known to be responsible for symptoms like mood swings, bloating, breast tenderness.

In men, progesterone acts as a precursor to testosterone. As men age, the testosterone levels decrease, the estradiol increases, and progesterone levels decline. Low progesterone levels in men can cause problems like weight gain, low sex drive, hair loss, depression or erectile dysfunction.

RATIO OF PROGESTERONE/ESTRADIOL

The ideal ratio of progesterone/estradiol ranges from 100-500 in premenopausal women, and 150-1000 in pre and postmenopausal women supplementing with oral or topical progesterone (excludes postmenopausal women with low estrogen levels and women on synthetic hormones (oral contraceptives or conventional hormone replacement therapy-HRT)).

TESTOSTERONE

Testosterone has important role in maintaining bone strength, muscle mass and energy level. In women, testosterone contributes to sex drive or libido. Menopause causes significant decline in the testosterone levels. In men, testosterone is responsible for growth and development of sexual characteristics, facial and body hair, increased sexual drive and sperm production.

Low testosterone levels can result in conditions like hair loss, reduced muscle mass, hot flashes, depression and increased breast size. High testosterone levels have been linked with aggressive behavior, acne, low sperm count, liver disease and heart muscle damage.

DHEA

DHEA is produced by the adrenal glands and is a precursor to both testosterone and estrogens. DHEA is also a neurohormone as small quantities are produced in the brain. It has a broad spectrum of benefits including improved energy, mood, memory, increased testosterone levels, enhanced libido and immune function. In men, low DHEA levels can cause low libido, reduced muscle mass and strength, depression, fatigue and compromised immune function. In women, DHEA is known to balance other hormones like estrogens, progesterone and testosterone. Low DHEA levels can cause weight gain, depression, fatigue and low libido.

CORTISOL

In addition to being called as “the stress hormone”, cortisol helps in proper glucose metabolism, converting sugars into energy. High cortisol levels in men have been associated with hyperglycemia, weight gain, compromised immune function and high blood pressure. Cortisol imbalance is known to result in conditions like irritability, fatigue, depression, foggy thinking, weight gain and bone loss. Stress reducing activities including meditation and breathing exercise have been recommended to relieve stress levels and avoid premature aging.

This report is only for information purpose and does not provide any diagnosis or treatment. There may be many other risk factors that must be considered for a complete assessment of your health. Please consult your healthcare provider to discuss your results and any questions you may have about your wellness.

TEST	WOMEN		MEN	
Estradiol (pg/mL)	Premenopausal – Luteal	1.1-7.8	All	0.4-3.3
	Premenopausal – Follicular	0.8-6.5		
	Postmenopausal	0.3-4.3		
	Estrogen Replacement	1.2-17.8		
	Synthetic HRT, Contraceptives	0.3-4.3		
Progesterone (pg/mL)	Premenopausal – Luteal	99-333	All	9-126
	Premenopausal – Follicular	9-126		
	Postmenopausal	9-126		
	Topical, Troche, Vaginal (20-60 mg)	196- 3304		
	Oral	35-400		
	Synthetic HRT, Contraceptives	9-75		
Testosterone (pg/mL)	All	10-61	All	49-185
			Topical	118-3950
DHEA (pg/mL)	All	34-496	All	42-578
Cortisol (ng/mL)	Morning	1.5-9.6	Morning	1.5-9.6
	Noon	0.6-4.1	Noon	0.6-4.1
	Evening	0.2-2.3	Evening	0.2-2.3
	Night	0.1-1.8	Night	0.1-1.8

5. SYMPTOMS (0 = LEAST; 3 = MOST) Please Indicate the Symptoms you are Experiencing

ALL INDIVIDUALS			
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Difficulty Focusing	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Sleep Problems
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Tearful	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Less Stamina
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Depressed	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Allergies
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Mood Swings	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Headache
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Anxious	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Dizziness
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Irritable	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Lowered Immunity
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Nervous	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Decreased Muscle Strength
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Less Mental Sharpness	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Emotional Hypersensitivity
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Morning Fatigue	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Aggression
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Afternoon Fatigue	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Less Flexibility
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Evening Fatigue	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Weakness
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Excessive Worry	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Decreased Libido
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Forgetfulness	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Aches and Pains
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Foggy Thinking	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Sore Muscles
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Stress	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Cold Extremities
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Ringing Ears
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Thinning Skin
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Weight Gain -Waist
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Weight Gain-Hips
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	High Cholesterol
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	High Triglycerides
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Irritable Bowel
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Goiter
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Dry skin
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Elevated Blood Sugar
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Sugar Cravings
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Constipation
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Water Retention
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Sensitivity to Cold
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Oily Skin
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Hypertension
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Heart Palpitations
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Slow Pulse Rate
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Night Sweats
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Scalp Hair Loss
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Acne
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Skin Irritations
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Coarse/dry hair
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Incontinence
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Hoarseness
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Nails Breaking/ Brittle
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Infertility Problems
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Decreased Muscle Size
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Bone Loss
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Hot Flashes

WOMEN ONLY	MEN ONLY		
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Vaginal Dryness	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Uterine Fibroids
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Tender Breasts	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Fibrocystic Breasts
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Irregular Periods	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Facial/Body Hair
<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	PCOS	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Slow Urine Flow
		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	High Urinary Urge
		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Prostate Problems
		<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Erection Problems

6. CURRENT MENSTRUAL STATUS (WOMEN ONLY)

First Day of Last Menstrual Cycle 11/15/2018 Hysterectomy No Yes Year yyyy

Length of Cycle 28 days (e.g.: 28 days) Ovaries Removed No One Both Year yyyy

Regular Cycles Irregular Cycles Currently Pregnant No Yes Number of Weeks

No Cycles Using Birth Control No Yes If Yes, then please fill in section 8

7. SAMPLE COLLECTION DATE AND TIME Required for Sample Processing

SALIVA Sample Collection	
Collection Date	<u>12/5/2018</u>
Morning Collection Time	<u>09:00 AM</u>
Noon Collection Time	<u>12:45 PM</u>
Evening Collection Time	<u>4:45 PM</u>
Night Collection Time	<u>11:25 PM</u>

8. HORMONE MEDICATION USE Please Indicate Any Birth Control Method

Hormone Type	Brand	Delivery	Dosage	Last Used	Times Per Day	How Long Used
Example: Testosterone	XYZ Cream	Topical	20 mg	mm/dd/yyyy hh:mm	1	1 year

Also list other medications or supplements you are taking regularly. Use a separate sheet if required.

9. CLIENT SIGNATURE

<p>My signature indicates my request, authorization and/or consent for laboratory testing. I understand that test results are strictly informational. AYUMETRIX review of my test requests and results does not represent diagnosis or treatment. I am responsible for contacting my personal health care provider for follow-up and interpretation of my test results.</p>	<p>For Laboratory Use Only</p>
<p><u>Julie Murray Kayata</u> Patient/ Guardian Signature</p>	<p><u>12/5/18</u> Date</p>

11/27/2018, Saliva Kit, Ordering Provider: Dr. Susanne Breen, ND