TEST REPORT

8605 SW Creekside Place
Beaverton, OR 97008
Phone: 503-466-2445 Fax: 503-466-1636

ZRT LABORATORY

 # 2018 08 08 222 S

Ordering Provider:
Getuwell Clinic
John Getuwell, MD

Samples Received
08/08/2018

Report Date
08/10/2018

Samples Collected
Saliva - 08/05/18 06:05
Saliva - 08/05/18 13:00
Saliva - 08/05/18 18:40
Saliva - 08/05/18 21:46

Patient Name: Saliva Profile III
Patient Phone Number: 555 555 5555

Gender	Last Menses	Height	Waist
Female	Unspecified	Unspecified	Unspecified
DOB	**Menses Status**	**Weight**	
7/13/1958 (60 yrs)	Postmenopausal	Unspecified	

TEST NAME	RESULTS | 08/05/18	RANGE
Salivary Steroids		
Estradiol	2.2	0.8-12 pg/mL Estrogen Rplcmnt (optimal 1.3-3.3)
Progesterone	833	200-3000 pg/mL Topical, Troche, Vag Pg (10-30mg)
Ratio: Pg/E2	379	Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	33	16-55 pg/mL (Age Dependent)
DHEAS	1.5 L	2-23 ng/mL (Age Dependent)
Cortisol	7.0	3.7-9.5 ng/mL (morning)
Cortisol	2.2	1.2-3.0 ng/mL (noon)
Cortisol	0.9	0.6-1.9 ng/mL (evening)
Cortisol	0.9	0.4-1.0 ng/mL (night)

<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

1mg topical Biestrogen (80/20 E3 + E2) (compounded) (24 Hours Last Used)30mg topical Progesterone (compounded) (12 Hours Last Used)0.5mg topical Testosterone (compounded) (24 Hours Last Used) topical DHEA (compounded) (24 Hours Last Used)

David T. Zava, Ph.D.
Laboratory Director

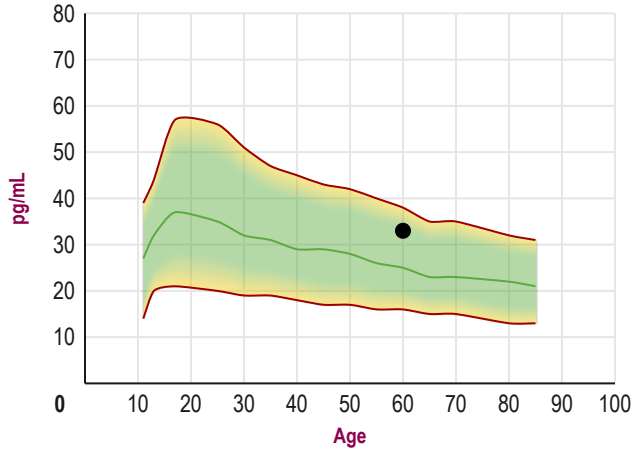
Alison McAllister, ND.
(Ordering Provider unless otherwise specified on page 1)

Graphs

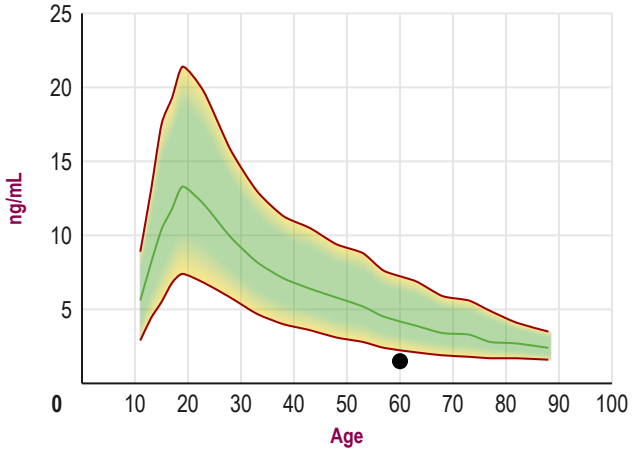
Disclaimer: Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

Average ▼▲ Off Graph

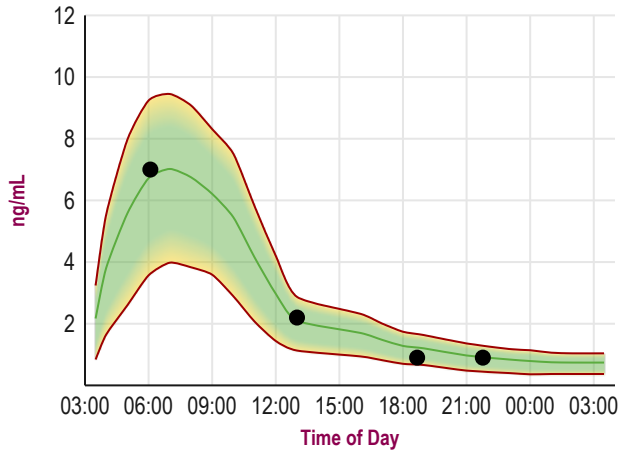
Saliva Testosterone



Saliva DHEAS



Saliva Cortisol



The above results and comments are for informational purposes only and are not to be construed as medical advice. Please consult your healthcare practitioner for diagnosis and treatment.

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TEST REPORT | Patient Reported Symptoms

Disclaimer: Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.

SYMPTOM CATEGORIES	RESULTS | 08/05/18
Estrogen / Progesterone Deficiency	2%
Estrogen Dominance / Progesterone Deficiency	0%
Low Androgens (DHEA/Testosterone)	4%
High Androgens (DHEA/Testosterone)	10%
Low Cortisol	5%
High Cortisol	2%
Hypometabolism	0%
Metabolic Syndrome	2%

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Aches and Pains			
Acne			
Allergies			
Anxious			
Bleeding Changes			
Blood Pressure High			
Blood Pressure Low			
Blood Sugar Low			
Body Temperature Cold			
Bone Loss			
Breast Cancer			
Breasts - Fibrocystic			
Breasts - Tender			
Chemical Sensitivity			
Cholesterol High			
Constipation			
Depressed			
Fatigue - Evening			
Fatigue - Morning			
Fibromyalgia			
Foggy Thinking			
Goiter			
Hair - Dry or Brittle			
Hair - Increased Facial or Body			
Hair - Scalp Loss			
Headaches			
Hearing Loss			
Heart Palpitations			
Hoarseness			
Hot Flashes			
Incontinence			
Infertility			
Irritable			
Libido Decreased			
Memory Lapse			
Mood Swings			
Muscle Size Decreased			
Nails Breaking or Brittle			
Nervous			
Night Sweats			
Numbness - Feet or Hands			

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Lab Comments

Estradiol is within the observed range for physiological topical bi-estrogen replacement therapy, and within the observed range seen in most premenopausal women (1.3-3.3 pg/ml) without symptoms of estrogen imbalance. Symptoms of estrogen imbalance are minimal at this time, based on self-reporting, indicating that dosing and delivery of estrogens is optimal.

Progesterone is within luteal range with physiological (10-30 mg) topical progesterone supplementation. Progesterone is well balanced with estradiol (optimal Pg/E2 ratio) and symptoms of estrogen/progesterone imbalance (deficiency and excess) are minimal.

Testosterone is within expected range with physiological topical testosterone therapy. Symptoms of androgen deficiency and/or excess are minimal, indicating that dosing and delivery is appropriate and optimal.

DHEAS is lower than range with topical DHEA supplementation. Topical DHEA therapy increases circulating levels of DHEA but has little impact on salivary or serum levels of DHEAS. Topical DHEA therapy bypasses the liver, where sulfation of DHEA occurs. In contrast, oral DHEA supplementation results in a marked rise in DHEAS since sulfation occurs primarily in the liver. DHEAS may also be lower due to low levels of sulfotransferase (an enzyme that sulfates DHEA to form DHEAS) or higher levels of sulfatase (an enzyme that removes the sulfate from DHEAS, converting it back to DHEA, and is higher with conditions of inflammation).

Cortisol is within expected range throughout most of the day but is over 0.8 at night. While levels up to 1.0 are normal, symptoms of high cortisol may be experienced at levels greater than 0.8 in some people. A higher night cortisol suggests some form of adrenal stressor (emotional/physical-surgery, injury or disease causing inflammation/dietary-starvation/low blood glucose from dysglycemia/microbial-bacterial, fungal, or viral infections). Acute effects of a high cortisol are usually associated with agitation-irritability, anxiety, and sleep disturbances. However, when the stressor has been chronic over a prolonged period of time (months/years) this leads to conditions such as weight gain in the waist, muscle and bone loss, depression, and immune suppression. If the high night cortisol is associated with symptoms characteristic of chronic high cortisol consider means to identify and eliminate the stressor. Because chronic stressors and associated high night cortisol can have serious long term adverse effects on health and well being, it is important to develop strategies to identify and eliminate or reduce the stressors. For additional information about adrenal dysfunction and strategies for adrenal support and lowering stress/cortisol levels the following books and journal articles are worth reading: "Adrenal Fatigue; The 21st Century Stress Syndrome", 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; "Phosphatidylserine", by Paris Kidd, Ph.D.; "The influence of Phosphatidylserine supplementation on mood and heart rate when faced with an acute stressor", Benton et al., Nutritional Neuroscience 4; 169-178, 2001.

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