

TEST REPORT

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Beaverton, OR 97008
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2018 08 02 200 SB

Ordering Provider:
Regenerus Labs

Samples Received
08/02/2018

Report Date
08/08/2018

Samples Collected
Saliva - 07/28/18 07:30
Saliva - 07/28/18 13:00
Saliva - 07/28/18 19:00
Saliva - 07/28/18 23:00
Blood Spot - 07/31/18 05:48

Patient Name: Sample Report HOR21 Comprehensive Female Profile II
Patient Phone Number: 555 555 5555

Gender Female	Last Menses Unspecified	Height 5 ft 8 in	Waist Unspecified	
DOB 9/30/1964 (53 yrs)	Menses Status Hysterectomy (ovaries removed)	Weight 154 lb	BMI 23.4	
TEST NAME	RESULTS 07/28/18	03/01/18	02/26/18	RANGE
Salivary Steroids				
Cortisol	<div><div></div><div>6.7</div><div></div></div>	3.2 L		3.7-9.5 ng/mL (morning)
Cortisol	<div><div></div><div>2.3</div><div></div></div>	1.2		1.2-3.0 ng/mL (noon)
Cortisol	<div><div></div><div>0.9</div><div></div></div>	0.7		0.6-1.9 ng/mL (evening)
Cortisol	<div><div></div><div>0.8</div><div></div></div>	1.0		0.4-1.0 ng/mL (night)
Blood Spot Steroids				
Estradiol	<div><div></div><div>69</div><div></div></div>		73	43-180 pg/mL Premeno-luteal or ERT
Progesterone	<div><div></div><div>11.6</div><div></div></div>		31.5 H	3.3-22.5 ng/mL Premeno-luteal or PgRT
Ratio: Pg/E2	<div><div></div><div>168</div><div></div></div>		432	Pg/E2 (bloodspot-optimal 100-500)
Testosterone	<div><div></div><div>97⁽¹⁾</div><div></div></div>		34 ⁽²⁾	⁽¹⁾ 20-130 ng/dL Premeno-luteal or TRT ⁽²⁾ 10-45 ng/dL Postmenopausal
SHBG	<div><div></div><div>87</div><div></div></div>			15-120 nmol/L
DHEAS	<div><div></div><div>70</div><div></div></div>			40-290 µg/dL
Blood Spot Thyroids				
Free T4*	<div><div></div><div>1.1</div><div></div></div>			0.7-2.5 ng/dL
Free T3	<div><div></div><div>3.2</div><div></div></div>			2.4-4.2 pg/mL
TSH	<div><div></div><div>0.4 L</div><div></div></div>			0.5-3.0 µU/mL
TPOab*	<div><div></div><div>12</div><div></div></div>			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

07/28/2018: 0.5mg topical Biestrogen (E2 + E3) (compounded) (1 Days Last Used)100mg topical Progesterone (compounded) (1 Days Last Used)1000mg oral Glycine (OTC) (1 Days Last Used)0.5mg topical Testosterone (compounded) (1 Days Last Used)5mg sublingual (SL) DHEA (OTC) (1 Days Last Used)50mcg oral Levothyroxine (T4) (Pharmaceutical) (1 Days Last Used)30mg oral Armour (glandular thyroid) (Pharmaceutical) (1 Days Last Used) oral T4-T3 (Pharmaceutical) (1 Days Last Used) GABA5mg oral Melatonin (OTC) (1 Days Last Used)10mg oral Pregnenolone (OTC) (1 Days Last Used)50mg oral 5-HTP (5-Hydroxytryptophan) (OTC) (1 Days Last Used)

03/01/2018: 0.5mg topical Biestrogen (E2 + E3) (compounded) (23 Hours Last Used)100mg topical Progesterone (compounded) (23 Hours Last Used)

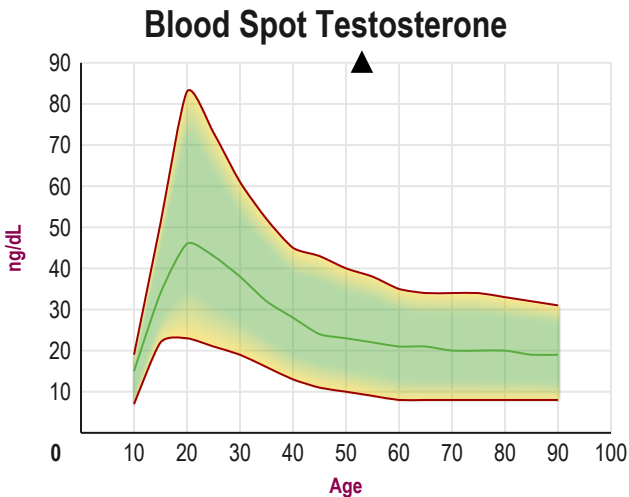
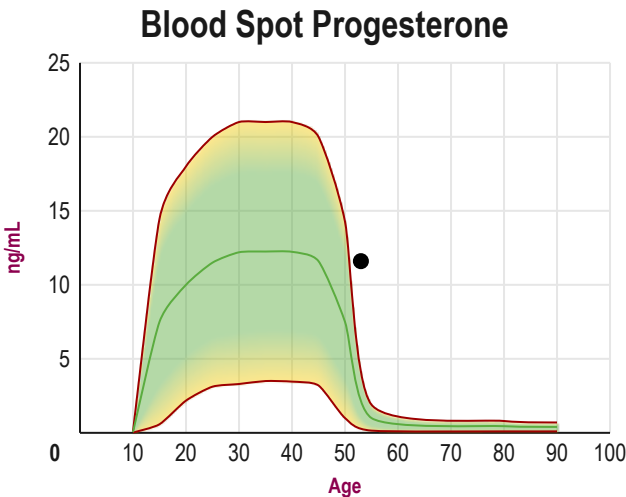
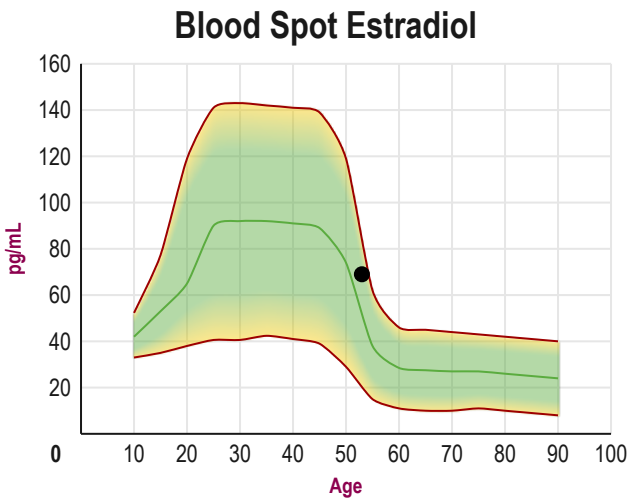
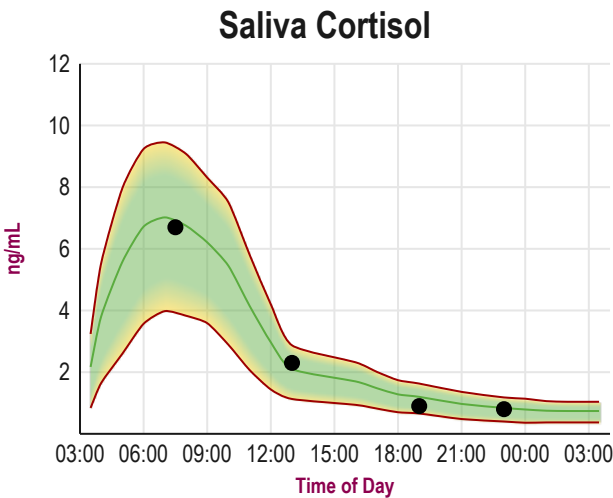
02/26/2018: 0.5mg topical Biestrogen (80/20 E3 + E2) (compounded) (1 Days Last Used)100mg topical Progesterone (compounded) (1 Days Last Used)

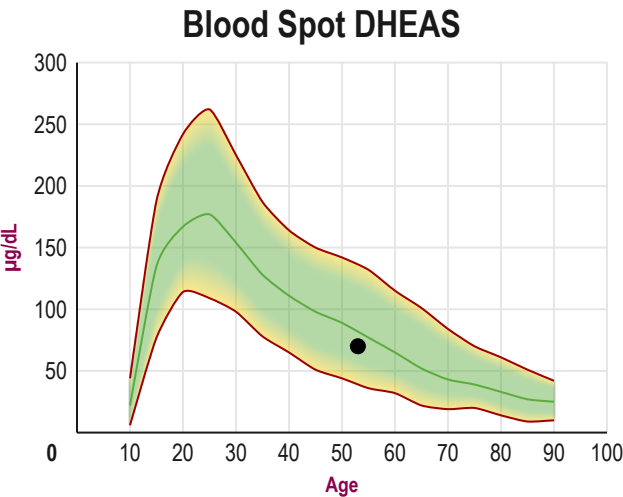
Graphs

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





TEST REPORT | Patient Reported Symptoms

Comprehensive Female Profile II
2018 08 02 200 SB

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 07/28/18	03/01/18	02/26/18
Estrogen / Progesterone Deficiency	11%	14%	21%
Estrogen Dominance / Progesterone Deficiency	8%	11%	15%
Low Androgens (DHEA/Testosterone)	21%	36%	39%
High Androgens (DHEA/Testosterone)	0%	15%	7%
Low Cortisol	22%	45%	47%
High Cortisol	7%	12%	17%
Hypometabolism	9%	27%	25%
Metabolic Syndrome	0%	2%	9%

SYMPTOM CHECKLIST	1	2	3
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			

CLIA Lic # 38D0960950
8/15/2018 8:12:43 AM

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.

David T. Zava

David T. Zava, Ph.D.
Laboratory Director

Alison McAllister ND

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

SYMPTOM CHECKLIST	123								
Pulse Rate Slow									
Rapid Aging									
Rapid Heartbeat									
Skin Thinning									
Sleep Disturbed									
Stamina Decreased									
Stress									
Sugar Cravings									
Sweating Decreased									
Swelling or Puffy Eyes/Face									
Tearful									
Triglycerides Elevated									
Urinary Urge Increased									
Uterine Fibroids									
Vaginal Dryness									
Water Retention									
Weight Gain - Hips									
Weight Gain - Waist									

Lab Comments

Cortisol is within normal range throughout the day and symptoms of cortisol imbalance are minimal.

Estradiol (blood spot) is within mid-normal range following topical ERT. If symptoms/signs of estrogen imbalance are problematic, consider progesterone replacement therapy or dosage adjustment of progesterone if already used. Estradiol should be well balanced with progesterone to prevent symptoms of estrogen imbalance (ideal progesterone/estradiol ratio 100-500 when estradiol is within mid-normal range).

Progesterone (blood spot) is within the observed range (10-22.5 ng/ml) with progesterone therapy and appears to be quantitatively well balanced with estradiol (ideal ratio 100-500). Symptoms of estrogen imbalance are minimal, indicating that the progesterone dosage is appropriate.

Testosterone (blood spot) is within physiological range with topical testosterone therapy. Symptoms of androgen excess are minimal indicating that dosing is appropriate. When testosterone is delivered topically, the testosterone in capillary blood from the finger is more representative of the tissue testosterone level than is serum testosterone derived by venipuncture.

SHBG (Sex Hormone Binding Globulin) is within the high-normal range, consistent with estrogen supplementation. SHBG is a protein produced by the liver and released into the bloodstream in response to increasing levels of estrogens. While SHBG is a relative index of the overall exposure of the liver to any form of estrogens (endogenous, pharmaceutical-ERT, xeno-estrogens-pollutants), other hormones such as insulin, thyroid, androgens, and glucocorticoids affect the livers ability to synthesize SHBG in response to estrogens. Thyroid hormone increases SHBG, while high insulin (insulin resistance), high androgens, and high glucocorticoids (cortisol) lower SHBG. These hormones that lower SHBG increase the bioavailability of estradiol and the likelihood of estrogen dominance symptoms.

DHEAS (blood spot) is within low-normal 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. DHEAS is expected to be within the lower range in older individuals. In younger individuals, lower DHEAS is often associated with adrenal fatigue or removal of the ovaries. Low DHEAS is often associated with low testosterone (DHEA is a testosterone precursor) and symptoms of androgen deficiency (fatigue, depression, vaginal dryness, low libido, loss of muscle mass, bone loss, memory lapses). If symptoms of androgen deficiency are/become problematic consider DHEA therapy assuming cortisol is within normal range. DHEA therapy can cause a transient suppression of cortisol and exacerbate symptoms of cortisol deficiency if cortisol is low.

Free T4 and free T3 are within normal ranges with thyroid therapy.

TSH is slightly lower than reference range, which is common with thyroid therapy. The American Association of Clinical Endocrinologists have recommended a change in the TSH range to 0.3 to 3.0 - www.aace.com. Low TSH and hyperthyroidism are associated with symptoms of goiter, eye changes, pretibial myxedema, nervousness, anxiety, heart palpitations or tachycardia, insomnia, tremor, frequent bowel movements, weight loss, excessive sweating, heat intolerance, oligomenorrhea/amenorrhea, increased appetite, tremors, bone loss and/or increased blood pressure. If these symptoms are associated with thyroid therapy, dose reduction should be considered.

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