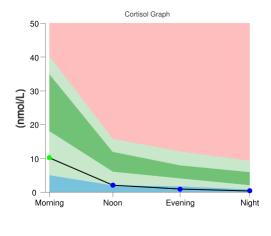
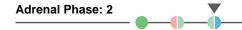




	Report Number: -S0098 Provider: Sample Reports 16255 SE 130th Ave Clackamas, OR 97230		Patient Info Joe S Samp Age:66 Ge Menopausa Male Sample SampleSam	ender al Stat	tus:	5	Sample Collection Morning Date/Time   Morning 04/14/2015 0815   Noon 04/14/2015 1100   Evening 04/14/2015 1745   Night 04/14/2015 2210   Samples Arrived Results Reported 04/15/2015
HORMONES	Saliva Hormone Test	Result	Units	L	WR	н	Reference Range
	Estrone (E1)	26.44	pg/ml		•		<39.0 male
	Estradiol (E2)	< 1.00	pg/ml		•		<2.5 male
	Estriol (E3)	< 5.00	pg/ml		•		<66.0
	EQ (E3 / (E1 + E2))	0.18					
	Progesterone (Pg)	12.16	pg/ml		•		<94.0 male (500-3000 supplementation)
	Ratio of Pg/E2	12.16		+			200-300 male (Pg supplementation)*
	Testosterone	37.10	pg/ml		•		30.1-142.5 male (142.6-350.0 supplementation)
	DHT	10.44	pg/ml	+			14.6-50.2 male
ADRENALS	DHEA	< 10.24	pg/ml	+			137.0-336.0 male
	Cortisol Morning	10.17	nmol/L		•		5.1-40.2; optimal range: 18-35*
	Cortisol Noon	2.08	nmol/L	+			
	Cortisol Evening	0.94	nmol/L	+			1.8-12; optimal range: 4-8*
4	Cortisol Night	0.38	nmol/L	+			0.9-9.2; optimal range: 2-6*





## H) Hormone Interpretations:

- There is no established reference range for the Estrogen Quotient (EQ) in men. There is evidence that estriol may be protective to breast tissue and this data could potentially be extrapolated to apply to prostate health.
- The low Pg/E2 ratio and reported prostate gland related symptoms are consistent with progesterone insufficiency (estrogen dominance), which may increase the risk of prostate gland enlargement and cancer. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- While DHEA levels are expected to decline with age (adrenopause), the DHEA level measured here is below the age related decline. The low DHEA level may warrant supplementation for optimal well-being. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.
- Diurnal cortisol pattern and reported symptoms are consistent with evolving (Phase 2) adrenal gland dysfunction (hypoadrenia).

## Notes:

L=Low(below range) WR=Within Range (within range) H=High (above range)

DHEA, Testosterone, Estrone and Estriol results are for investigational use only.

\*Apply only when all four cortisols are measured. Clinical interpretations may override these generalized optimal ref. ranges. \*\*The Pg/E2 ratio is an optimal range established based on clinical observation. Progesterone supplementation is generally required to achieve this level in men and postmenopausal women.

Jay Blone Ann

Jay H. Mead MD FASCP Labrix Clinical Services, Inc Medical Director