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Ordering Provider: EquiLife, LLC Samples Received 08/25/2021

Samples Collected Saliva - 08/23/21 08:00

Saliva - 08/23/21

Report Date 09/08/2021

Patient Name:

Patient Phone Number:

Gender Female	Last Menses 08/05/2021	Height 5 ft 7 in	Waist 26 in
DOB	Menses Status Pre-Menopausal	Weight 120 lb	BMI 18.8
TEST NAME	RESULTS 08/23/21 RANGE		
Salivary Steroids			
Estradiol	1.4	1.3-3.	.3 pg/mL Premenopausal (Luteal)
Progesterone	18 L	75-27	'0 pg/mL Premenopausal (Luteal)
Ratio: Pg/E2	13 L	Optim	nal: 100-500 when E2 1.3-3.3 pg/mL

<dI = 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.</p>

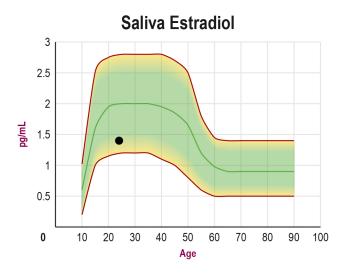
Therapies

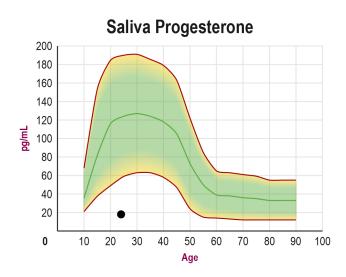
None Indicated

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.

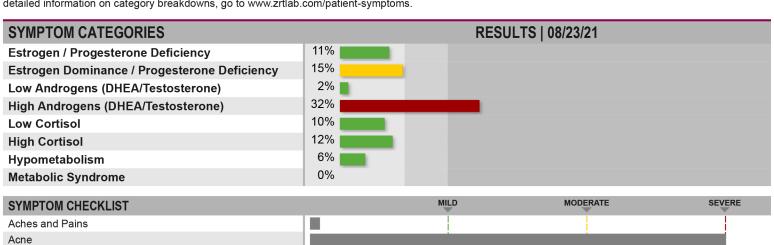


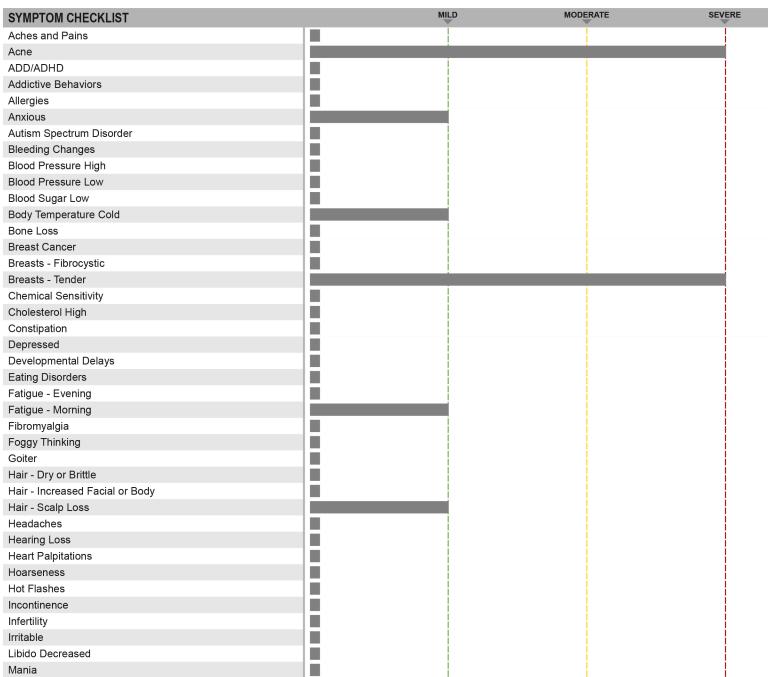




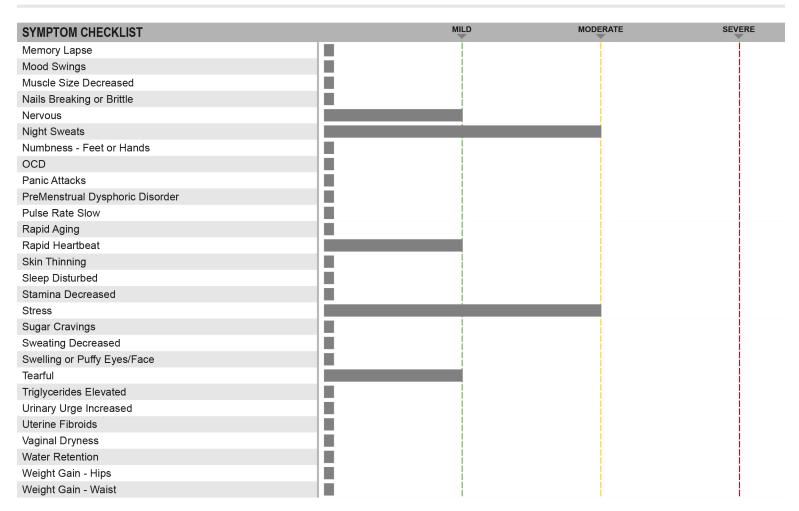
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Disclaimer: Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.





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Lab Comments

Estradiol is within the expected range for luteal phase, but high relative to progesterone, which is low. Low progesterone is usually associated with luteal insufficiency. An imbalance in the progesterone/estradiol ratio can often lead to symptoms of imbalance. Overall symptoms of estrogen/progesterone imbalance are minimal at the time of testing. If symptoms of estrogen imbalance become problematic, it would be worthwhile to consider supplementing with bioidentical progesterone as this is often helpful for symptoms of both estrogen dominance (antiestrogen) and estrogen deficiency (helps with hot flashes and night sweats).