 # 2018 07 27 200 SB

Ordering Provider:
Sara Getuwell MD

Samples Received
07/27/2018

Report Date
08/01/2018

Samples Collected
Saliva - 07/24/18 08:05
Saliva - 07/24/18 12:10
Saliva - 07/24/18 18:50
Saliva - 07/24/18 23:15
Blood Spot - 07/24/18 08:00

Patient Name:
Patient Phone Number: 555 555

Gender	Last Menses	Height	Waist
Female	Unspecified	5 ft 5 in	32 in
DOB	**Menses Status**	**Weight**	**BMI**
3/22/1961 (57 yrs)	Hysterectomy (ovaries removed)	170 lb	28.3

TEST NAME	RESULTS | 07/24/18	04/09/18	RANGE
Salivary Steroids			
Progesterone	73(1)	22(2)	(1) 30-300 pg/mL Oral Progesterone (100-300 mg) (2) 12-100 pg/mL Postmenopausal

<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

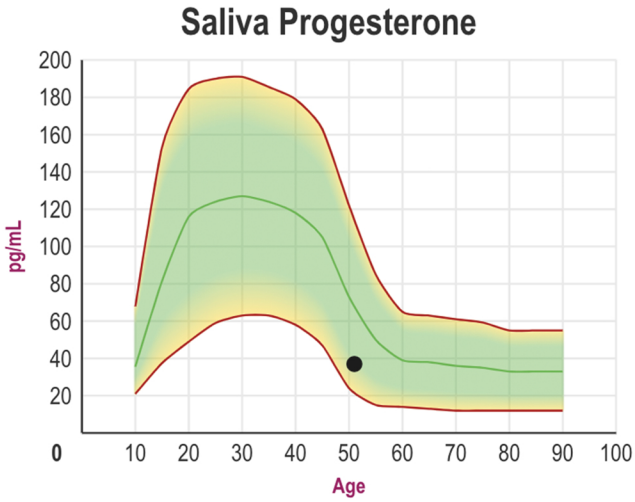
07/24/2018: 0.5mg topical Biestrogen (1:1 50/50 E3 + E2) (compounded) (23 Hours Last Used)100mg oral Progesterone (compounded) (1 Days Last Used) 0.5mg topical Testosterone (compounded) (22 Hours Last Used)10mg topical DHEA (compounded) (22 Days Last Used)65mg oral Armour (glandular thyroid) (Pharmaceutical) (1 Days Last Used)5000IU oral Vitamin D (unknown type) (OTC) (1 Days Last Used)

04/09/2018: 1mg oral Estradiol (compounded) (23 Hours 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.

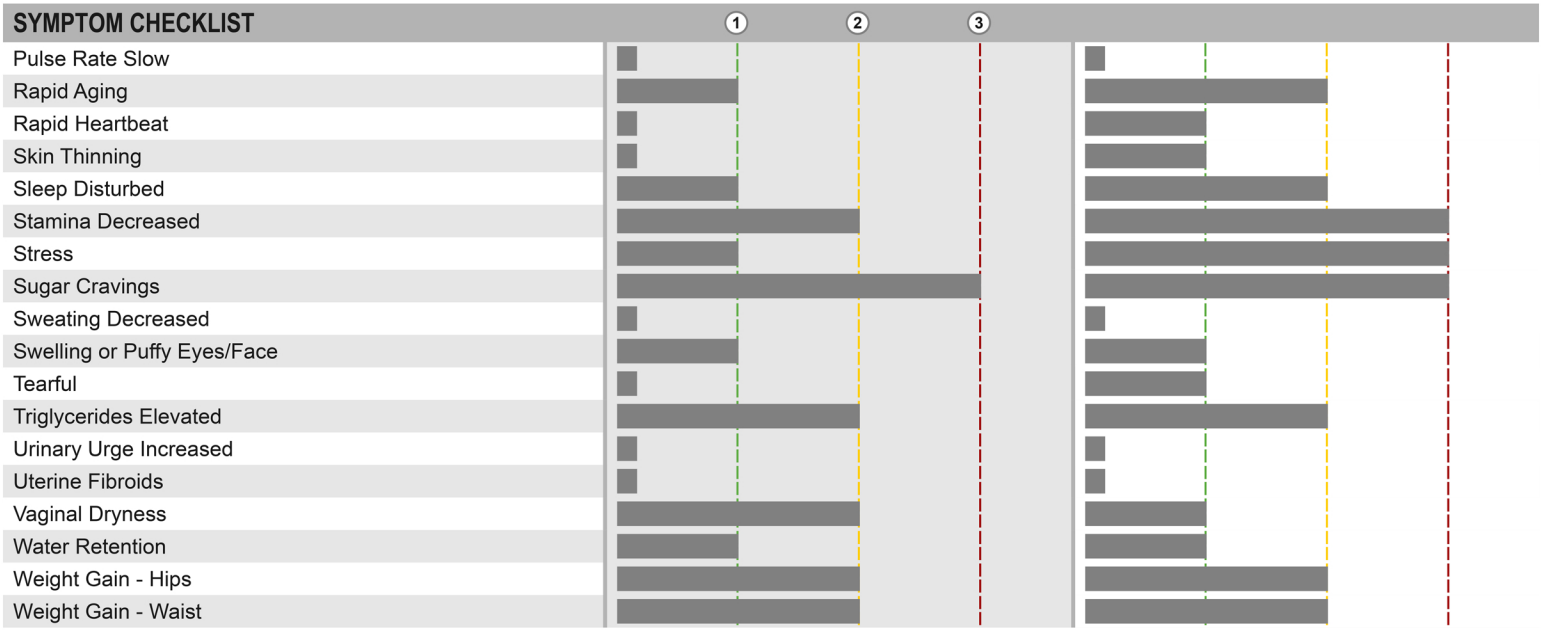
Average ▼▲ Off Graph



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 | 07/24/18	04/09/18
Estrogen / Progesterone Deficiency	22%	40%
Estrogen Dominance / Progesterone Deficiency	20%	34%
Low Androgens (DHEA/Testosterone)	37%	58%
High Androgens (DHEA/Testosterone)	11%	12%
Low Cortisol	23%	33%
High Cortisol	29%	56%
Hypometabolism	21%	32%
Metabolic Syndrome	38%	49%

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			



Lab Comments

Progesterone is within expected physiological (luteal) range with oral progesterone supplementation. Oral supplementation results in a more rapid increase and clearance of progesterone with levels usually within the lower limits of the observed range > 12 hrs following supplementation. Within 12-24 hr following oral progesterone therapy progesterone levels in the bloodstream and saliva have usually returned closer to baseline levels seen prior to progesterone supplementation; however, it is important to keep in mind that salivary levels depend on dosing (usually ranging from 50-300 mg), and time from last use. Oral progesterone is usually more effective when used at night just before bed because metabolites formed in the gastrointestinal tract from progesterone (allopregnanolone) help with sleep. In this case it is best to collect saliva in the morning to allow an 6-10 hr time frame from last use of progesterone. If symptoms of estrogen/progesterone imbalance are not resolved with oral progesterone therapy it would be worthwhile to consider changing dosage or mode of delivery (e.g. transdermal progesterone instead of, or in combination with oral). If symptoms of estrogen imbalance remain problematic with the oral progesterone, it would be worthwhile to consider increasing or decreasing the estrogen level (assuming greater than the optimal range of 1.3-3.3 pg/ml) or change the mode of progesterone delivery (eg. topical) to achieve an optimal Pg/E2 ratio of 100-500 (note: if estradiol is within optimal range this optimal Pg/E2 ratio is likely achieved during the first 8 hours of oral progesterone supplementation).