Samples Received 09/24/2021	**Samples Collected** Saliva - 09/21/21 07:00
Report Date 10/01/2021	Saliva - 09/21/21 11:45 Saliva - 09/21/21 16:40 Saliva - 09/21/21 21:30 Blood Spot - 09/21/21 08:20

Patient Name:
Patient Phone Number:
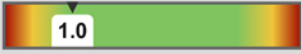
Gender Female	**Last Menses** 03/15/2018	**Height** 5 ft in	**Waist** 27 in
DOB	**Menses Status** Postmenopausal	**Weight** 108 lb	**BMI** 21.1

TEST NAME	RESULTS | 09/21/21	RANGE
Salivary Steroids		
Estradiol	0.8	0.5-1.7 pg/mL Postmenopausal (optimal 1.3-1.7)
Progesterone	24	12-100 pg/mL Postmenopausal
Ratio: Pg/E2	30 L	Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	37	16-55 pg/mL (Age Dependent)
DHEAS	1.8 L	2-23 ng/mL (Age Dependent)
Cortisol	4.4	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	0.6	0.4-1.0 ng/mL (night)
Blood Spot Thyroids		
Free T4	1.0	0.7-2.5 ng/dL
Free T3	3.0	2.4-4.2 pg/mL
TSH	1.6	0.5-3.0 µU/mL
TPOab	44	0-150 IU/mL (70-150 borderline)
Blood Spot CardioMetabolic Markers		
Insulin	4.6	1-15 µIU/mL (optimal 2-6)
Hemoglobin A1c	5.6	<6%

TEST NAME	RESULTS	09/21/21	RANGE

Blood Spot

Vitamin D, 25-OH, D2	<4	<4 if not supplementing (< 10 nmol/L)
Vitamin D, 25-OH, D3	53	20-80 ng/ml (50-200 nmol/L)
Vitamin D, 25-OH, Total	53	20-80 ng/ml (50-200 nmol/L)

<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

None

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 Estradiol

Saliva Progesterone

Saliva Testosterone

Saliva DHEAS

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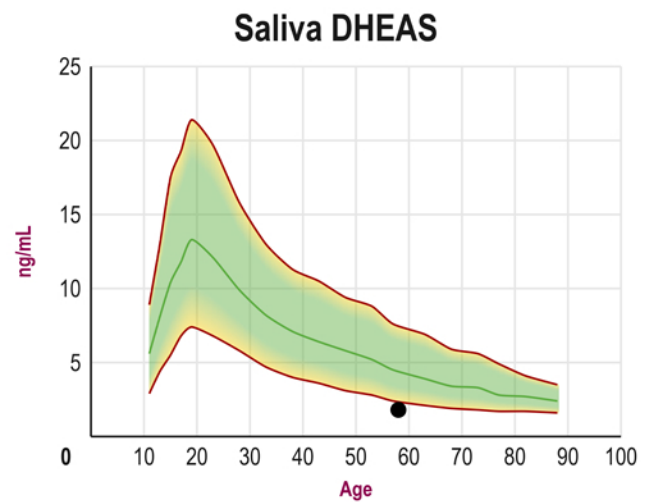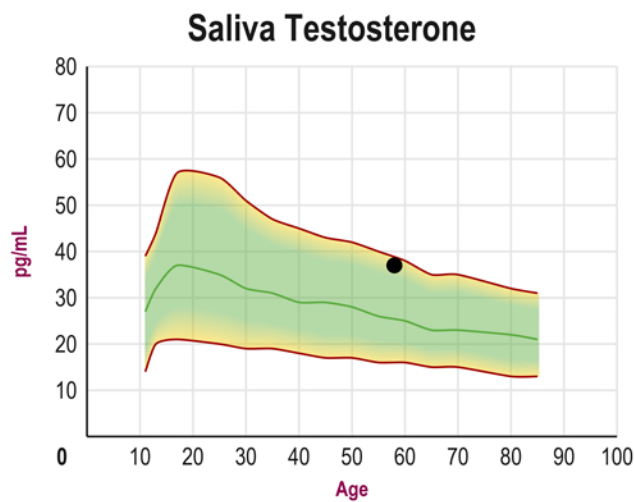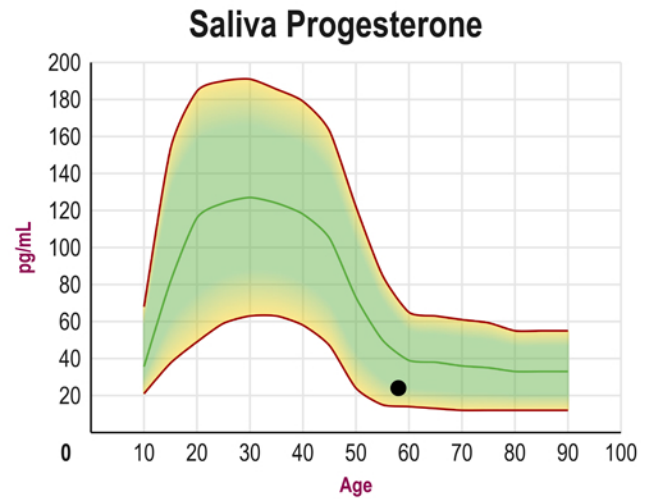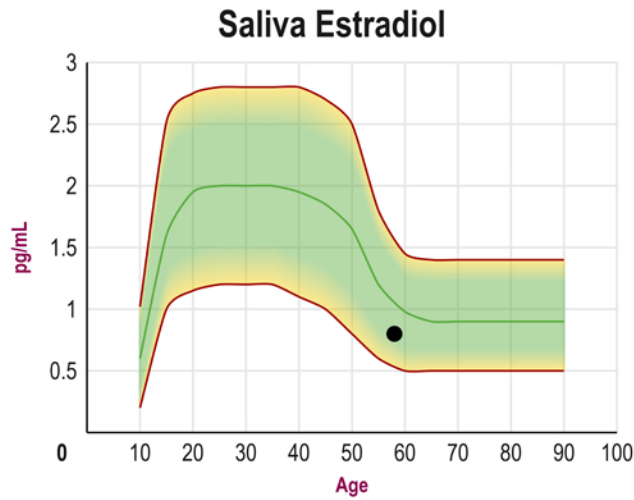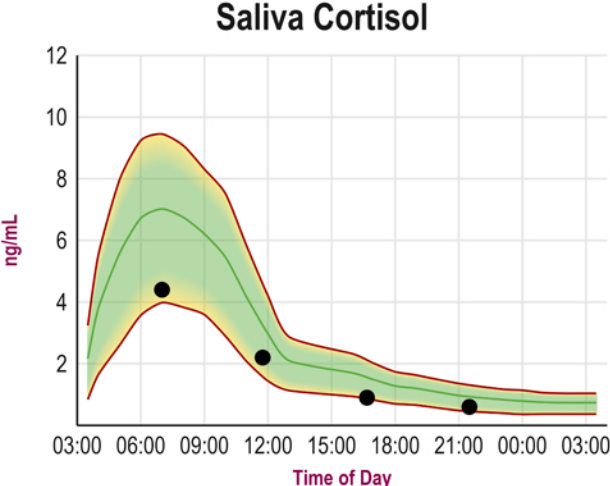
Disclaimer: Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.

SYMPTOM CATEGORIES — RESULTS | 09/21/21

Category	Result
Estrogen / Progesterone Deficiency	22%
Estrogen Dominance / Progesterone Deficiency	13%
Low Androgens (DHEA/Testosterone)	18%
High Androgens (DHEA/Testosterone)	16%
Low Cortisol	20%
High Cortisol	14%
Hypometabolism	17%
Metabolic Syndrome	7%

SYMPTOM CHECKLIST

| Symptom	MILD	MODERATE	SEVERE
Aches and Pains			
Acne			
ADD/ADHD			
Addictive Behaviors			
Allergies			
Anxious			
Autism Spectrum Disorder			
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			
Developmental Delays			
Eating Disorders			
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			
Mania			

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Memory Lapse			
Mood Swings			
Muscle Size Decreased			
Nails Breaking or Brittle			
Nervous			
Night Sweats			
Numbness - Feet or Hands			
OCD			
Panic Attacks			
PreMenstrual Dysphoric Disorder			
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

This individual, reports a personal history of cancer. Comments are provided as a guideline and can not replace clinical decision making. Please review any suggestions of supplements, lifestyle, or hormone replacement with this patient's clinical health in mind.

Estradiol is within expected range for a postmenopausal woman and symptoms of estrogen imbalance are minimal.

Progesterone is within expected range for a postmenopausal woman. Mild symptoms of estrogen deficiency are reported, therefore, it would be worthwhile to consider supplementation with progesterone as this is often helpful.

Testosterone is within range and symptoms of androgen imbalance are minimal.

DHEAS is lower than the expected age range. Chronic low DHEAS may suggest HPA axis dysfunction, particularly if cortisol is also low and symptoms are indicative of low adrenal function. DHEAS is highest during the late teens to early twenties (10-20 ng/ml) and drops steadily with age to the lower end of range by age 70-80 (2-9 ng/ml). Mid-life DHEAS levels in both males and females are usually in the range of 5-8 ng/ml. Low DHEAS may contribute to low androgen symptoms (decreased libido, depression, fatigue, memory lapses, and/or bone loss), since DHEAS is a testosterone precursor. In individuals with very low DHEAS (< 2 ng/ml), DHEA supplementation in the 5-25 mg dosing range usually raises DHEAS to levels seen in mid-life.

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

Thyroid hormones (TSH, free T4, and free T3) and thyroid peroxidase antibodies (TPO) are within normal ranges and symptoms of thyroid imbalance are minimal.

Fasting insulin is within normal range, however, this does not rule out insulin resistance and predisposition to diabetes if fasting glucose is elevated and symptoms/signs of insulin resistance are problematic (e.g. obesity, excessive weight gain in the waist, elevated triglycerides and HbA1C, blood sugar dysregulation, etc.).

Hemoglobin A1c (HbA1c) is within range. HbA1c is a measure of red blood cell hemoglobin glycation and reflects the average blood glucose for

the previous 3 months. The American Diabetic Association recommends the following HbA1c levels: normal if it is <5.7%, prediabetes 5.7%-6.4%, and diabetic >6.5%.

Vitamin D is considered sufficient and may be considered optimal for health (50-80 ng/ml). Vitamin D levels within these ranges have been found to be associated with a decrease of many conditions including autoimmune diseases and cancer.