



NUTRITIONAL LAB
SERVICES

PO BOX 4233
BURWOOD EAST VIC

Lab id : **12345678**

Test Multi 6

Date of Birth : November 26, 1950 Sex : F

Collected : September 26, 2008

www.nlabs.com.au

Ph: (03) 9803 5335 Fax: (03) 9888 5811

ENDOCRINOLOGY SALIVA

SALIVA

	<u>Result</u>	<u>Range</u>		
Estrone (E1)	9.0 *l	9.6 - 20.0	pmol/L	
Estradiol (E2)	14.7		pmol/L	
Progesterone (P4)	179.7		pmol/L	
P4/E2 Ratio (Saliva)	12.2		RATIO	
Testosterone.	7.4 *l	25.0 - 190.0	pmol/L	
Cortisol Morning	60.90 *h	6.00 - 42.00	nmol/L	
DHEAS.	7.7	2.5 - 25.0	nmol/L	

(*) Outside reference range.

(h) Above reference range.

(l) Below reference range.



Saliva Hormone Comments

SALIVARY HORMONE REFERENCE RANGES: (NOT ON HRT - BASELINE)

	E2	E1	E3	Progesterone	DHEAS
FEMALE					
Follicular	<18	9.6-20	15-29	<318	
Mid-Cycle	11-29	9.6-20	15-29	-	
Luteal	<18	9.6-20	15-29	318-1590	
Post Men.	<6	9.6-20	1-41	<159	<6.5
Premenopausal, no oral contraceptives					2.5-25.0
Premenopausal, with oral contraceptives					2.0-8.0
MALE					
	<6	9.6-20	16-25	<159	5.0-30.0

TARGET REFERENCE RANGES: (ON HRT - 24hr post last dose)

	E2	E1	E3	Progesterone	Testosterone Age Dpndt
Oral	7-73	-	69-139	318-1590	
Patch	4-18	-	-	-	
Cream/Gel	37-184	-	1040-1734	3180-31797	F: 277-867 M: 347-1734

SALIVA E1 (Estrone) is produced primarily from androstenedione originating from the gonads or the adrenal cortex. In premenopausal women, more than 50% of the E1 is secreted by the ovaries. In prepubertal children, men and non-supplemented postmenopausal women, the major portion of E1 is derived from peripheral tissue conversion of androstenedione. Interconversion of E1 & E2 also occurs in peripheral tissue. Bioassay data indicate that the estrogenic action is much less than E2. E1 is a primary estrogenic component of several pharmaceutical preparations, including those containing conjugated and esterified estrogens. In premenopausal women E1 levels generally parallel those of E2. After menopause E1 levels increase, possibly due to increased conversion of androstenedione to E1.

SALIVA E1 level is below reference range. E1 result should be interpreted relative to the total estrogens. A low E1 is preferable.

SALIVA E2 level is adequate and within range.

SALIVA The progesterone level is low and suggestive of the need for supplementation. Suggest supplementation with 16mg/gram topical progesterone (or 160mg oral or troche/day). Aim for a supplemented ratio of E2:Prog of 1:200.

SALIVA - AM Cortisol level is elevated. Is this due to supplementation, adrenal stress, inflammation, medication or fasting?

Morning Cortisol is a good indicator of peak adrenal gland function, since it represents peak cyclic activity. High Cortisol reflects HPAA imbalance and morning hypoglycaemia or stress.

SALIVA DHEAs level is below the mean range and suggestive of the need for supplementation with 15mg of DHEA.

Maladaptation if consistently elevated cortisol. Adrenal fatigue if morning and evening

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(h) Above reference range.

(l) Below reference range.



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cortisol only elevated, or if all markers low.

SALIVA Free testosterone level is low and suggestive of the need for supplementation with 1% transdermal testosterone.

NLS Comment

If indicated, suggest seeking advise from a qualified health care provider.