



Labrix Clinical Services, Inc.

Test Results

Report Number: 09-9999	Patient Info: David Sample	Samples	Date/Time Collected
Provider: Just Hormones 232323 SW Hormone St. Mesa, AZ 85215	Age: 46 Gender: M Menopausal Status: None	Morning	11/07/2005 0800
	87654 NE Balanced St. SUFFERN, NJ 10901 Phone: Not Available	Noon	11/07/2005 1230
		Evening	11/07/2005 1820
		Night	11/07/2005 2350
		Date Samples Arrived	11/10/2005
		Date Results Reported	11/11/2005

Hormone Test	Result	Units	L	WR	H	Reference Range
Estradiol	<1.0	pg/ml		X		(1) 1.0-3.2 post-menopausal; (2) 1.0-10.8 pre-menopausal; (3) 1.5-10.0 replacement therapy; (4) <2.5 males
Progesterone	35.9	pg/ml		X		(1) 18-51 post-menopausal; (2) 127-446 pre-menopausal-luteal; (3) 500-3000 supplementation; (4) <51 males
Ratio of Pg/E2	35.9		X			(1) 200-600 females; (2) 200-300 males;
Testosterone	21.8	pg/ml	X			(1) 30.1-142.5 males; (2) 4.5-49 females; (3) 30-60 therapy females; (4) 250-350 therapy males;
DHEA	<20.0	pg/ml	X			(1) 137-336 males; (2) 106-300 females
Cortisol Morning	4.0	nmol/L	X			(1) 5.1-40.2;
Cortisol Noon	4.7	nmol/L		X		(1) 2.1-15.7;
Cortisol Evening	1.5	nmol/L	X			(1) 1.8-12.1;
Cortisol Night	<0.3	nmol/L	X			(1) 0.9-9.2;

*DHEA results are for investigational use only L=Low(below reference range) WR=Within Range(within reference range) H=High (above reference range)

Interpretations:

- The low Pg/E2 ratio is consistent with estrogen dominance, which increases the risk of prostate gland enlargement and cancer.
- Low testosterone is often associated with metabolic syndrome (insulin resistance) and androgen deficiency symptoms. Fasting blood sugar and insulin levels may be warranted.
- DHEA, diurnal cortisol pattern and reported symptoms are virtually diagnostic of adrenal gland fatigue (hypoadrenia).

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

Cortisol Graph

