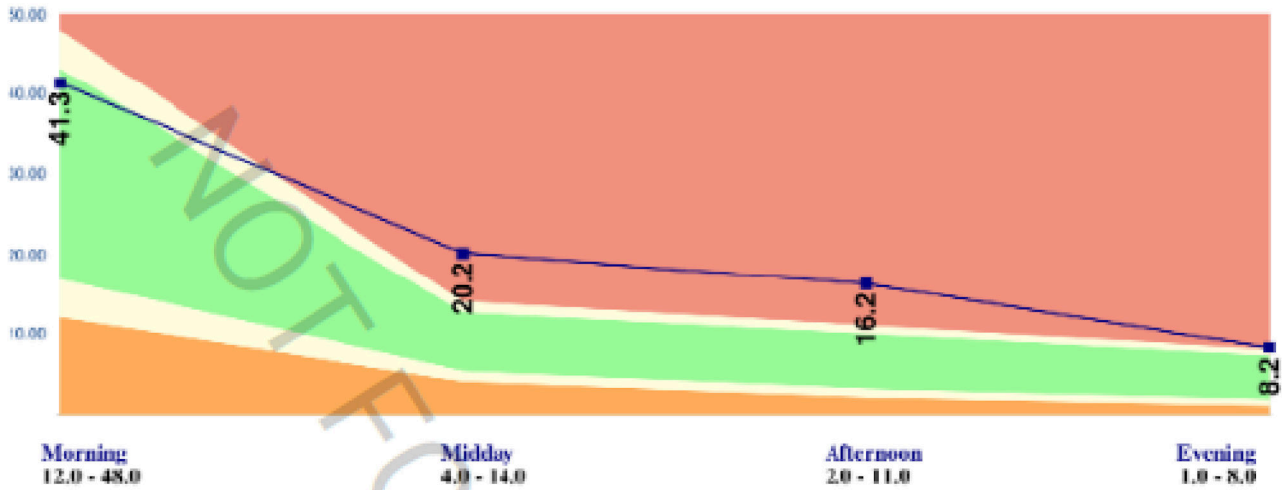


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ADRENOCORTEX STRESS PROFILE



Colour Key Ranges :
■ Above
■ Borderline
■ Normal
■ Below

| Cortisol Values | Result | Range |
|-----------------------------|--------------------|--------------------|
| Cortisol Profile, Morning | 41.3 | 12.0 - 48.0 nmol/L |
| Cortisol Profile, Midday | 20.2 ^{*H} | 4.0 - 14.0 nmol/L |
| Cortisol Profile, Afternoon | 16.2 ^{*H} | 2.0 - 11.0 nmol/L |
| Cortisol Profile, Evening | 8.2 ^{*H} | 1.0 - 8.0 nmol/L |
| Cortisol Daily, Total | 85.9 ^{*H} | 11.0 - 76.0 nmol/L |
| DHEAS Values | Result | Range |
| DHEAS Profile Morning | 15.1 | 2.5 - 27.0 nmol/L |
| DHEAS/CORTISOL AM | 0.37 | 0.20 - 0.60 RATIO |



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Adrenocortex Stress Comments

HIGH NORMAL MORNING CORTISOL LEVEL:

This is indicative of adrenal hyperactivity. consider investigation of Noradrenaline, Adrenaline , GABA, melatonin.
Use appropriate adaptogenic herbs or pharmaceutical interventions.

ELEVATED MIDDAY CORTISOL LEVEL:

Is this due to supplementation, adrenal stress, inflammation, medication or fasting?
Suggestive of blood sugar imbalance.

ELEVATED LATE AFTERNOON CORTISOL LEVEL

Is this due to supplementation, adrenal stress, inflammation, medication or fasting?
Suggestive of blood sugar imbalance.

ELEVATED EVENING CORTISOL LEVEL:

Saliva evening cortisol level is high, suggestive of Hypoglycaemia and imbalance HPAA suggesting maladaptation.

SALIVA DHEAs level is adequate and within range.

SALIVA DHEAS Ranges:

| | |
|--|-------------------|
| Premenopausal, no oral contraceptives: | 2.5 - 27.0 nmol/L |
| Premenopausal, with oral contraceptives: | 2.0 - 8.0 nmol/L |
| Postmenopausal: | 1.8 - 18.5 nmol/L |

SALIVA DHEAs/CORTISOL RATIO - NORMAL

The ratio of DHEAs to cortisol is normal. This ratio indicates a relative balance of the adrenal output of androgens and cortisol. Both of the hormones are released in response to ACTH from the pituitary and a normal ratio indicates a balanced function of the hypothalamic-pituitary-adrenal axis.

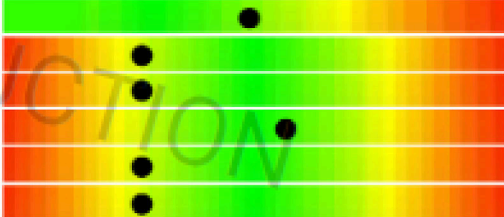
**FULL HORMONE
PROFILE W/
COMPREHENSIVE
CORTISOL**

Sample report
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ENDOCRINOLOGY SALIVA

| SALIVA | Result | Range | |
|----------------------------|---------|--------------|--------|
| Melatonin (Saliva)-Morning | 1 | 0 - 3 | pg/mL |
| Progesterone (P4) | 89.1 *L | 276.0 - 1725 | pmol/L |
| Testosterone. | 61.0 | 60.0 - 191.0 | pmol/L |
| Estradiol (E2) | 10.9 | 3.7 - 18.0 | pmol/L |
| Estrone (E1) | 13.2 | 9.5 - 71.0 | pmol/L |
| P4/E2 Ratio (Saliva) | 8.2 | 4.0 - 108.0 | RATIO |



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Saliva Hormone Comments

**** PLEASE NOTE NEW REFERENCE RANGES AS OF 20.08.2021 ****

TABLE 1: SALIVARY HORMONE REFERENCE RANGES: (NOT ON HRT - BASELINE)

| FEMALE | Progesterone | DHEAS | E2 | E1 | E3 |
|--------------------------|--------------|----------|--------|--------|--------|
| Pre/menarcheal | 90-390 | | 3.1-13 | 9.5-71 | 7.7-49 |
| Follicular | 90-480 | | 3.1-17 | 9.5-71 | 7.7-49 |
| Mid-Cycle | 85-590 | | 5.0-22 | 9.5-71 | 7.7-49 |
| Luteal | 276-1725 | | 3.7-18 | 9.5-71 | 7.7-49 |
| Post Menop. | 80-820 | 1.8-18.5 | 3.7-16 | 9.0-65 | 9.0-62 |
| Premenopausal, No OC's | | 2.5-27.0 | | | |
| Premenopausal, with OC's | | 2.0-8.0 | | | |
| MALE | <230 | 5.0-32.0 | 2.7-11 | 7.7-50 | 6.6-38 |

TABLE 2: TARGET REFERENCE RANGES: (ON HRT - 24 to 48 hr post last dose)

| | Progesterone | Testosterone | E2 | E1 | E3 |
|-----------|--------------|---------------------------|--------|----|-----------|
| Oral | 320-1998 | | 7-73 | | 69-139 |
| Patch | - | | 4-18 | - | - |
| Cream/Gel | 3180-15000 | F: 277-867 M: 347-1734 | 37-184 | - | 1040-1734 |

SALIVA ESTRONE (E1) 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 and 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 is within range.

SALIVA E2 levels for a non-menopausal female should be assessed relative to the day of cycle that the specimen was collected.

SALIVA E2 level is adequate and within range.

SALIVA The Progesterone level is within range, IF the specimen was collected through the follicular phase; otherwise it is low. Aim for a ratio of E2:Prog of 1:50 - 1:80 (50 to 80 parts Progesterone to 1 part estradiol) during this phase (Luteal) of the cycle.

If confirmed that the specimen was collected during the Luteal phase, then the level is relatively low, suggest 200 mg Oral Progesterone supplementation at nights or 2%

(*) Result outside normal reference range

(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range

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transdermal cream 1g daily.

LOW TESTOSTERONE LEVEL:

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

SALIVA Melatonin morning level is within normal limits.

SALIVA MELATONIN REFERENCE RANGES

| Time of Day | Time | Reference Range (pg/ml) |
|---------------|------------|-------------------------|
| Morning | 6am - 8am | 0 - 3 |
| Midday | 12 noon | 0 - 3 |
| Evening | 8pm - 10pm | 0 - 11.9 |
| Midnight | 12am - 2am | 10 - 40 |
| Early Morning | 3am | Up to 50 |