The Great Plains Laboratory, Inc.
William Shaw, Ph.D., Director 11813 West 77th Street, Lenexa, KS 66214 (913) 341-8949 Fax (913) 341-6207 www.GPL4U.com

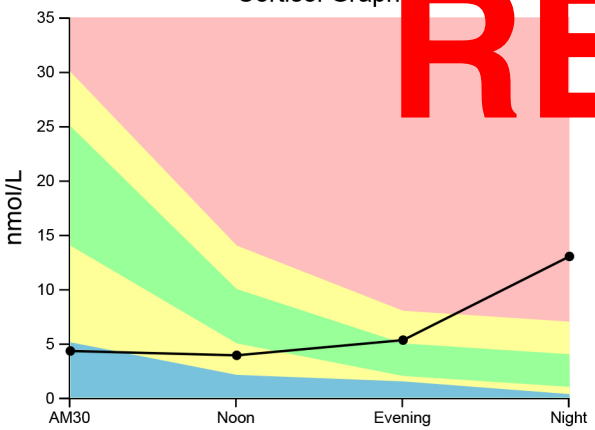
Order: SAMPLE REPORT
Client #: 12345
Doctor: Sample Doctor, MD
Doctors Data Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Patient: Sample Report
Age: 33
Sex: Female
Body Mass Index (BMI): N/A
Menopausal Status: Pre-Menopausal

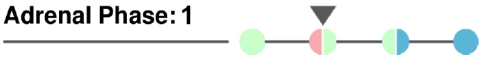
Sample Collection	Date/Time
Date Collected	10/01/2018
AM30	10/01/2018 0800
Noon	10/01/2018 1200
Evening	10/01/2018 1700
Night	10/01/2018 2100
Date Received	10/03/2018
Date Reported	10/05/2018

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
Cortisol AM30	4.3	nmol/L	↓			14.0 - 25.0	5.1 - 30.0
Cortisol Noon	3.9	nmol/L				- 10.0	2.1 - 14.0
Cortisol Evening	5.3	nmol/L				- 5.0	1.5 - 8.0
Cortisol Night	13	nmol/L			↑		0.33 - 7.0
DHEA*	89	pg/mL	↓				106 - 300

Cortisol Graph



Adrenal Phase: 1



Hormone Comment

- The elevated night cortisol level and abnormal pattern are consistent with hypothalamic pituitary axis (HPA) dysregulation (Phase 1), although cortisol or glucocorticoid deficiency or relative supplementation cannot be excluded. Query use of steroidal inhalers or topical creams. High night cortisol levels are associated with low melatonin levels.
- DHEA level is consistent with the expected decline with age (adrenopause). The low DHEA level may warrant supplementation for optimal well-being. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.

Notes:
RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI)
The current samples are routinely held three weeks from receipt for additional testing.

*This test was developed and its performance characteristics determined by Doctor's Data, Inc. The FDA has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Methodology: Enzyme Immunoassay

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Analyte	Result	Unit	L	WRI	H	Reference Interval	Supplementation Range**
Estrone (E1)*	20.0	pg/mL				< 45	
Estradiol (E2)	1	pg/mL				0.5 - 5.0	1.5 - 7.2
Estriol (E3)*	17.9	pg/mL				< 66	67 - 708
EQ (E3 / (E1 + E2)) Ratio	0.80					> 1.0	
Progesterone (Pg)	36	pg/mL				127 - 446	500 - 3000
Pg/E2 Ratio	18.0					200 - 600	
Testosterone	29	pg/mL				6.0 - 45	30 - 60
DHEA*	89	pg/mL				1 - 3[illegible]	

Hormone Comments:

- Estrone, estradiol and estriol are within the reference ranges, however the Estrogen Quotient (EQ) is low. Estriol is less potent than the other estrogens and when present in sufficient quantities (as indicated by an optimal EQ) it plays an antagonistic role, and may govern the proliferative effects of estrone and estradiol. Estriol supplementation is a consideration to balance this quotient and reduce associated risks.
- Progesterone to estradiol (Pg/E2) ratio and reported symptoms are consistent with progesterone insufficiency (estrogen dominance). Supplementation with topical progesterone to correct this relative deficiency is a consideration. Note: The progesterone level is suggestive of an anovulatory cycle, luteal phase failure or collection outside of luteal phase.
- DHEA level is consistent with the expected decline with age (adrenopause). The low DHEA level may warrant supplementation for optimal well-being. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.

Notes:
RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI)
The current samples are routinely held three weeks from receipt for additional testing.

The Pg/E2 ratio is an optimal range established based on clinical observation. Progesterone supplementation is generally required to achieve this level in men and postmenopausal women.

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**If supplementation is reported then the supplementation ranges will be graphed. The supplementation ranges depicted are for informational purposes only and were derived from a cohort of adult men and women utilizing physiologic transdermal bioidentical hormone therapy.

Methodology: Enzyme Immunoassay