

# TEST REPORT

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# 2018 08 08 222 S

**Ordering Provider:**

Getuwell Clinic  
John Getuwell, MD

**Samples Received**

08/08/2018

**Report Date**

08/10/2018

**Samples Collected**

Saliva - 08/05/18 06:05  
Saliva - 08/05/18 13:00  
Saliva - 08/05/18 18:40  
Saliva - 08/05/18 21:46

**Patient Name:** Saliva Profile III

**Patient Phone Number:** 555 555 5555

<b>Gender</b> Female	<b>Last Menses</b> Unspecified	<b>Height</b> Unspecified	<b>Waist</b> Unspecified
<b>DOB</b> 7/13/1958 (60 yrs)	<b>Menses Status</b> Postmenopausal	<b>Weight</b> Unspecified	

TEST NAME	RESULTS   08/05/18	07/21/17	01/25/17	RANGE
<b>Salivary Steroids</b>				
Estradiol	2.2	2.0		0.8-12 pg/mL Estrogen Rplcmnt (optimal 1.3-3.3)
Progesterone	833	974		200-3000 pg/mL Topical, Troche, Vag Pg (10-30mg)
Ratio: Pg/E2	379	487		Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	33	32		16-55 pg/mL (Age Dependent)
DHEAS	1.5 L	1.6 L	4.4	2-23 ng/mL (Age Dependent)
Cortisol	7.0	4.2	3.1 L	3.7-9.5 ng/mL (morning)
Cortisol	2.2	1.1 L	1.8	1.2-3.0 ng/mL (noon)
Cortisol	0.9	0.6	1.0	0.6-1.9 ng/mL (evening)
Cortisol	0.9	1.3 H	0.8	0.4-1.0 ng/mL (night)

<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**

**08/05/2018:** 1mg topical Biestrogen (80/20 E3 + E2) (compounded) (24 Hours Last Used)30mg topical Progesterone (compounded) (12 Hours Last Used)0.5mg topical Testosterone (compounded) (24 Hours Last Used) topical DHEA (compounded) (24 Hours Last Used)

**07/21/2017:** topical Estrogen (type not indicated) (compounded) (1 Days Last Used) topical Progesterone (compounded) (1 Days Last Used) oral DHEA (OTC) (1 Days Last Used) oral Pregnenolone (OTC) (1 Days Last Used) Siberian Ginseng Zinc

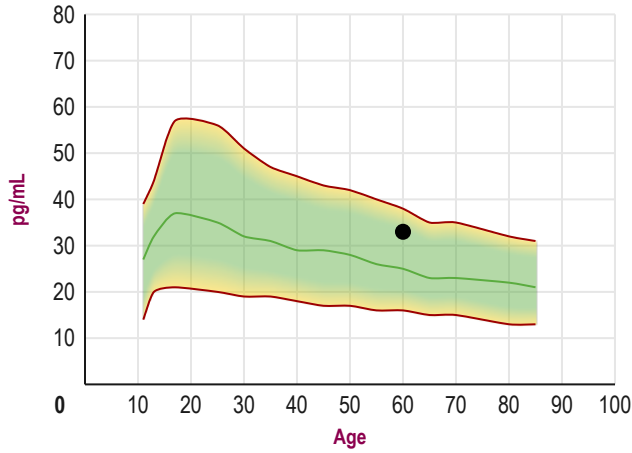
**01/25/2017:** 0.25mg topical Biestrogen (80/20 E3 + E2) (compounded) (1 Days Last Used); 50mg topical Progesterone (compounded) (1 Days Last Used); 0.4mg topical Testosterone (compounded) (1 Days Last Used); 8mg topical DHEA (compounded) (1 Days Last Used); 5000IU oral Vitamin D3 (OTC) (1 Days Last Used); sublingual (SL) Melatonin (OTC) (1 Days Last Used)

Graphs

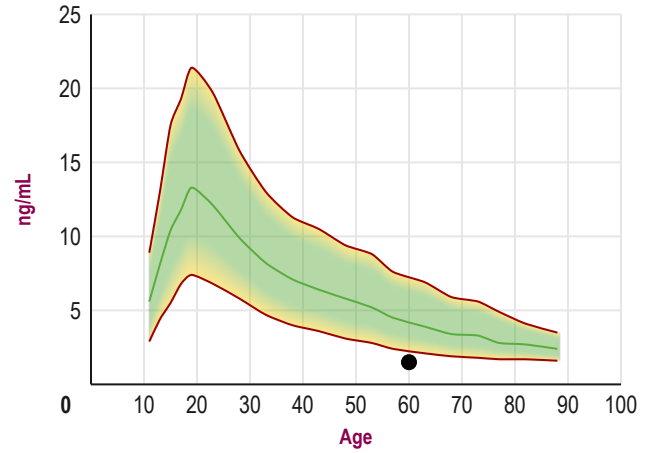
**Disclaimer:** Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

— Average ▼▲ Off Graph

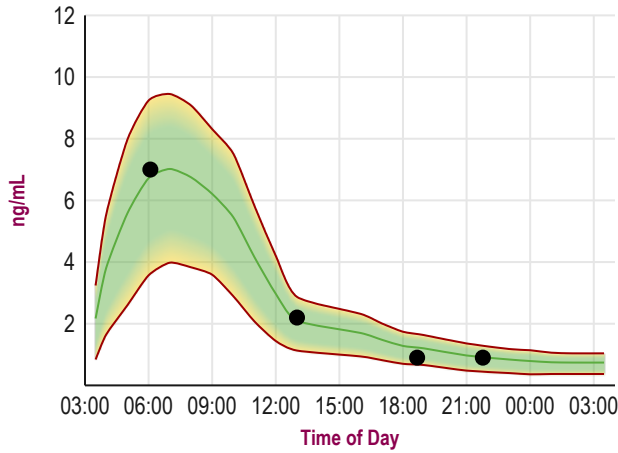
Saliva Testosterone



Saliva DHEAS



Saliva Cortisol



# TEST REPORT | Patient Reported Symptoms

Saliva Profile III  
# 2018 08 08 222 S

**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](http://www.zrtlab.com/patient-symptoms).

SYMPTOM CATEGORIES	RESULTS   08/05/18	07/21/17	01/25/17
Estrogen / Progesterone Deficiency	2%	14%	17%
Estrogen Dominance / Progesterone Deficiency	0%	3%	2%
Low Androgens (DHEA/Testosterone)	4%	23%	15%
High Androgens (DHEA/Testosterone)	10%	10%	10%
Low Cortisol	5%	23%	9%
High Cortisol	2%	20%	19%
Hypometabolism	0%	9%	6%
Metabolic Syndrome	2%	2%	2%

SYMPTOM CHECKLIST	1	2	3
Aches and Pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Sugar Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Temperature Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breasts - Fibrocystic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breasts - Tender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue - Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue - Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foggy Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goiter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair - Dry or Brittle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair - Increased Facial or Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair - Scalp Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libido Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Lapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood Swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Size Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nails Breaking or Brittle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbness - Feet or Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLIA Lic # 38D0960950  
9/14/2018 10:27:13 AM

The above results and comments are for informational purposes only and are not to be construed as medical advice. Please consult your healthcare practitioner for diagnosis and treatment.

*David T. Zava*

David T. Zava, Ph.D.  
Laboratory Director

*Alison McAllister, ND*

Alison McAllister, ND.  
(Ordering Provider unless otherwise specified on page 1)

SYMPTOM CHECKLIST	1	2	3
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

Estradiol is within the observed range for physiological topical bi-estrogen replacement therapy, and within the observed range seen in most premenopausal women (1.3-3.3 pg/ml) without symptoms of estrogen imbalance. Symptoms of estrogen imbalance are minimal at this time, based on self-reporting, indicating that dosing and delivery of estrogens is optimal.

Progesterone is within luteal range with physiological (10-30 mg) topical progesterone supplementation. Progesterone is well balanced with estradiol (optimal Pg/E2 ratio) and symptoms of estrogen/progesterone imbalance (deficiency and excess) are minimal.

Testosterone is within expected range with physiological topical testosterone therapy. Symptoms of androgen deficiency and/or excess are minimal, indicating that dosing and delivery is appropriate and optimal.

DHEAS is lower than range with topical DHEA supplementation. Topical DHEA therapy increases circulating levels of DHEA but has little impact on salivary or serum levels of DHEAS. Topical DHEA therapy bypasses the liver, where sulfation of DHEA occurs. In contrast, oral DHEA supplementation results in a marked rise in DHEAS since sulfation occurs primarily in the liver. DHEAS may also be lower due to low levels of sulfotransferase (an enzyme that sulfates DHEA to form DHEAS) or higher levels of sulfatase (an enzyme that removes the sulfate from DHEAS, converting it back to DHEA, and is higher with conditions of inflammation).

Cortisol is within expected range throughout most of the day but is over 0.8 at night. While levels up to 1.0 are normal, symptoms of high cortisol may be experienced at levels greater than 0.8 in some people. A higher night cortisol suggests some form of adrenal stressor (emotional/physical-surgery, injury or disease causing inflammation/dietary-starvation/low blood glucose from dysglycemia/microbial-bacterial, fungal, or viral infections). Acute effects of a high cortisol are usually associated with agitation-irritability, anxiety, and sleep disturbances. However, when the stressor has been chronic over a prolonged period of time (months/years) this leads to conditions such as weight gain in the waist, muscle and bone loss, depression, and immune suppression. If the high night cortisol is associated with symptoms characteristic of chronic high cortisol consider means to identify and eliminate the stressor. Because chronic stressors and associated high night cortisol can have serious long term adverse effects on health and well being, it is important to develop strategies to identify and eliminate or reduce the stressors. For additional information about adrenal dysfunction and strategies for adrenal support and lowering stress/cortisol levels the following books and journal articles are worth reading: "Adrenal Fatigue; The 21st Century Stress Syndrome", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Talbott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "Phosphatidylserine", by Paris Kidd, Ph.D.; "The influence of Phosphatidylserine supplementation on mood and heart rate when faced with an acute stressor", Benton et al., Nutritional Neuroscience 4; 169-178, 2001.