TEST REPORT

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ZRT LABORATORY

 # D2026 05 06 032 B

Ordering Provider:
Getuwell

Samples Received
05/06/2026

Report Date
05/15/2026

Samples Collected
Blood Spot - 05/01/26 06:00

Patient Name: Blood Spot Thyroids
Patient Phone Number:

Gender	Last Menses	Height	Waist
Female	04/10/2026	5 ft 5 in	Unspecified
DOB	**Menses Status**	**Weight**	**BMI**
1/1/1998 (28 yrs)	Pre-Menopausal - Irregular	130 lb	21.6

TEST NAME	RESULTS | 05/01/26	RANGE
Blood Spot Thyroids		
TSH	2.70	0.5-3.0 µU/mL
Free T3	2.9	1.9-4.4 pg/mL
Free T4	1.5	0.8-1.6 ng/dL
TPOab	15	0-150 IU/mL (70-150 borderline)
Thyroglobulin	7	5-51 ng/mL
Total T4	8.1	5-10.6 µg/dL

***<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

None Indicated

David T. Zava, Ph.D.
Laboratory Director

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

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.

SYMPTOM CATEGORIES	RESULTS | 05/01/26
Estrogen / Progesterone Deficiency	10%
Estrogen Dominance / Progesterone Deficiency	9%
Low Androgens (DHEA/Testosterone)	3%
High Androgens (DHEA/Testosterone)	5%
Low Cortisol	2%
High Cortisol	13%
Hypometabolism	10%
Metabolic Syndrome	18%

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Aches and Pains			
Acne			
ADD/ADHD	■		
Addictive Behaviors			
Allergies			
Anxious	■		
Autism Spectrum Disorder			
Bleeding Changes	■		
Blood Pressure High			
Blood Pressure Low			
Blood Sugar Low			
Body Temperature Cold	■	■	
Bone Loss			
Breast Cancer			
Breasts - Fibrocystic			
Breasts - Tender			
Chemical Sensitivity			
Cholesterol High			
Constipation			
Depressed	■		
Developmental Delays			
Eating Disorders			
Fatigue - Evening			
Fatigue - Morning			
Fibromyalgia			
Foggy Thinking	■	■	
Goiter			
Hair - Dry or Brittle			
Hair - Increased Facial or Body			
Hair - Scalp Loss			
Headaches			
Hearing Loss			
Heart Palpitations			
Hoarseness			
Hot Flashes			
Incontinence			
Infertility	■	■	
Irritable			
Libido Decreased			
Mania			

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.

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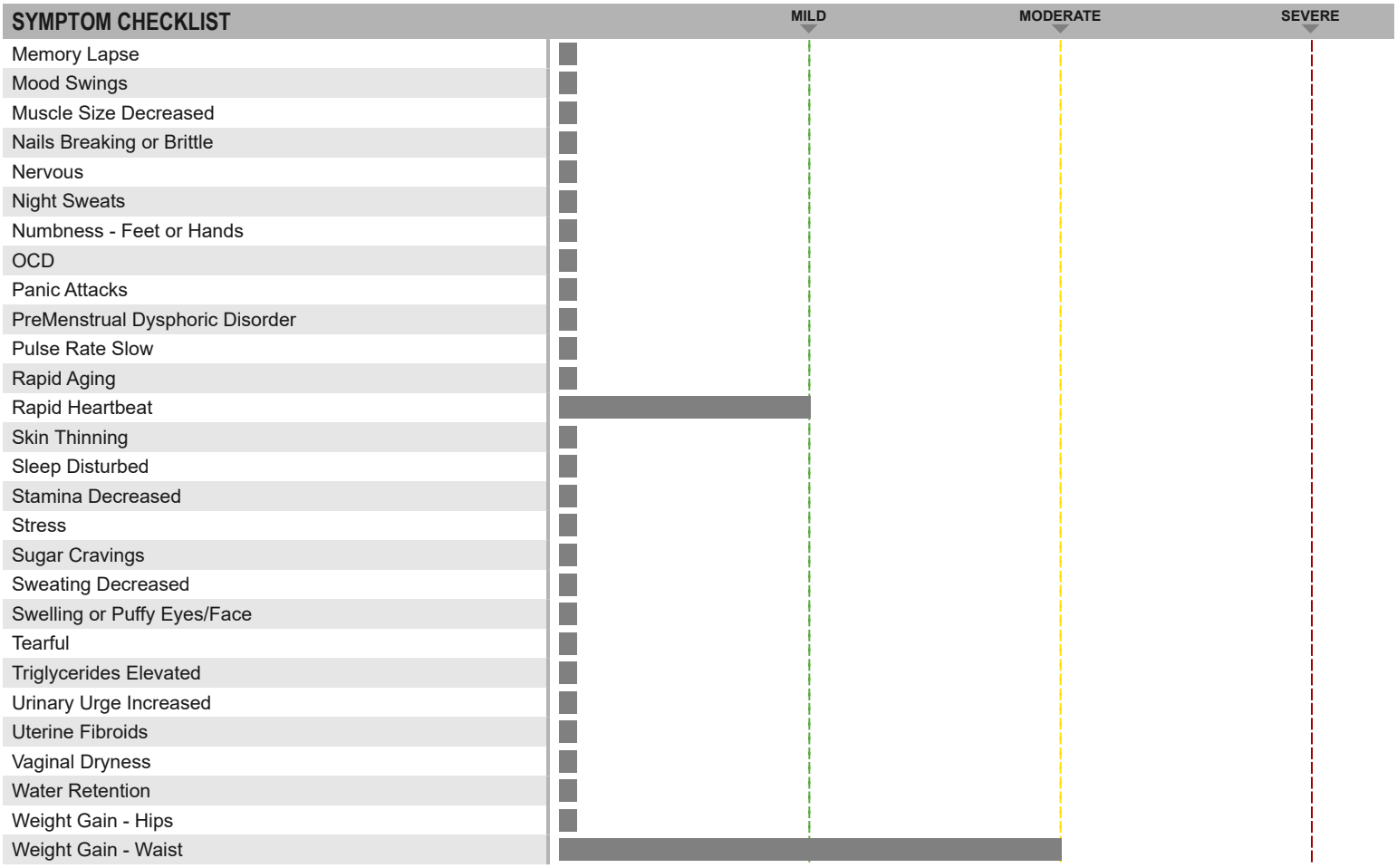

Lab Comments

TSH is within high-normal range. Although most laboratories have a TSH range of 0.35-5.50, new studies are finding that the mean and median values are 1.0-1.5mU/l . Some experts believe that TSH should be kept near the median value of healthy individuals. TSH levels >3.0 are now considered abnormal due to changes by the endocrinology association - see www.aace.com for more information. Thyroid therapy may be worthwhile considering if T4 and/or T3 are low and symptoms of thyroid deficiency are problematic.

Free T3 is within normal range. If symptoms of thyroid deficiency are problematic this may be due to a "functional" thyroid deficiency, meaning that the thyroid hormone is not functioning normally at the tissue level.

Free T4 is within normal range and symptoms of thyroid deficiency are minimal.

Thyroid peroxidase (TPO) antibodies are low indicating that Hashimoto's autoimmune thyroiditis is unlikely.

Thyroglobulin is within normal range. In contrast to urinary iodine, which provides information on the iodine status over the past 24 hr, thyroglobulin is considered a good marker of the average iodine status over the past few weeks or longer. Thyroglobulin levels in blood usually are inversely related to the iodine status; when urinary iodine levels are sufficient, thyroglobulin levels will usually be < 10 and > 3 ng/ml, and when iodine is insufficient thyroglobulin levels rise in the blood in response to higher TSH stimulating thyroglobulin synthesis in the thyroid gland in an attempt to increase thyroid hormone synthesis. Exceptions occur when TSH is low despite low thyroid hormone levels and when anti-thyroglobulin antibodies are present. Low TSH, despite low thyroid hormone levels, can result from high levels of glucocorticoids (e.g. endogenous cortisol caused by stressors or exogenous anti-inflammatory glucocorticoids) . Anti-thyroglobulin antibodies interfere with the thyroglobulin test, and can cause a false-low result. Individuals with Hashimoto's thyroditis (postive TPO antibodies), are very likely (50%) to also have antibodies to thyroglobulin, which would interfer with the thyroglobulin measurement, causing false low levels.

Total T4 is within observed range. While total T4 is a good marker of the thyroid glands ability to synthesize thyroid hormones (assuming no thyroid hormone therapy), it is not refective of the bioavailable fraction of T4 available to target tissues throughout the body. Free T4 and free T3 are a better estimation of the bioavailable thyroid hormones. If symptoms of thyroid deficiency are problematic and other thyroid hormone markers are out of balance (e.g. low free T4, low free T3, high TSH, and/or high thyroglobulin), consider thyroid hormone therapy.

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