

TEST REPORT

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D2026 05 04 061 B

Ordering Provider:
Getuwell

Samples Received
05/04/2026
Report Date
05/09/2026

Samples Collected
Blood Spot - 04/29/26 08:00

Patient Name: Blood Spot LCMS Vitamin D
Patient Phone Number:

Gender	Last Menses	Height	Waist
Female	Unspecified	5 ft 3 in	Unspecified
DOB	Menses Status	Weight	BMI
1/1/1980 (46 yrs)	Pre-Menopausal - Irregular	149 lb	26.4

TEST NAME	RESULTS 04/29/26	RANGE
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Blood Spot Steroids & Other Analytes (LC-MS/MS)

Vitamin D, 25-OH, D2	<4	<4 if not supplementing (< 10 nmol/L)
Vitamin D, 25-OH, D3	51	20-80 ng/ml (50-200 nmol/L)
Vitamin D, 25-OH, Total	51	20-80 ng/ml (50-200 nmol/L)

<dI = 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

TEST REPORT | Patient Reported Symptoms

Blood Spot LCMS Vitamin D
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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 04/29/26
Estrogen / Progesterone Deficiency	7%
Estrogen Dominance / Progesterone Deficiency	7%
Low Androgens (DHEA/Testosterone)	11%
High Androgens (DHEA/Testosterone)	10%
Low Cortisol	18%
High Cortisol	4%
Hypometabolism	2%
Metabolic Syndrome	0%

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Aches and Pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addictive Behaviors	<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"/>
Autism Spectrum Disorder	<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"/>
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<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"/>
Mania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Memory Lapse	■		
Mood Swings	■		
Muscle Size Decreased	■■■■■		
Nails Breaking or Brittle	■		
Nervous	■		
Night Sweats	■		
Numbness - Feet or Hands	■		
OCD	■		
Panic Attacks	■		
PreMenstrual Dysphoric Disorder	■		
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

Vitamin D is considered sufficient and may be considered optimal for health (50-80 ng/ml). Vitamin D levels within these ranges have been found to be associated with a decrease of many conditions including autoimmune diseases and cancer.