Female Hormone Profile

Genova Diagnostics®
Innovative Testing for Optimal Health

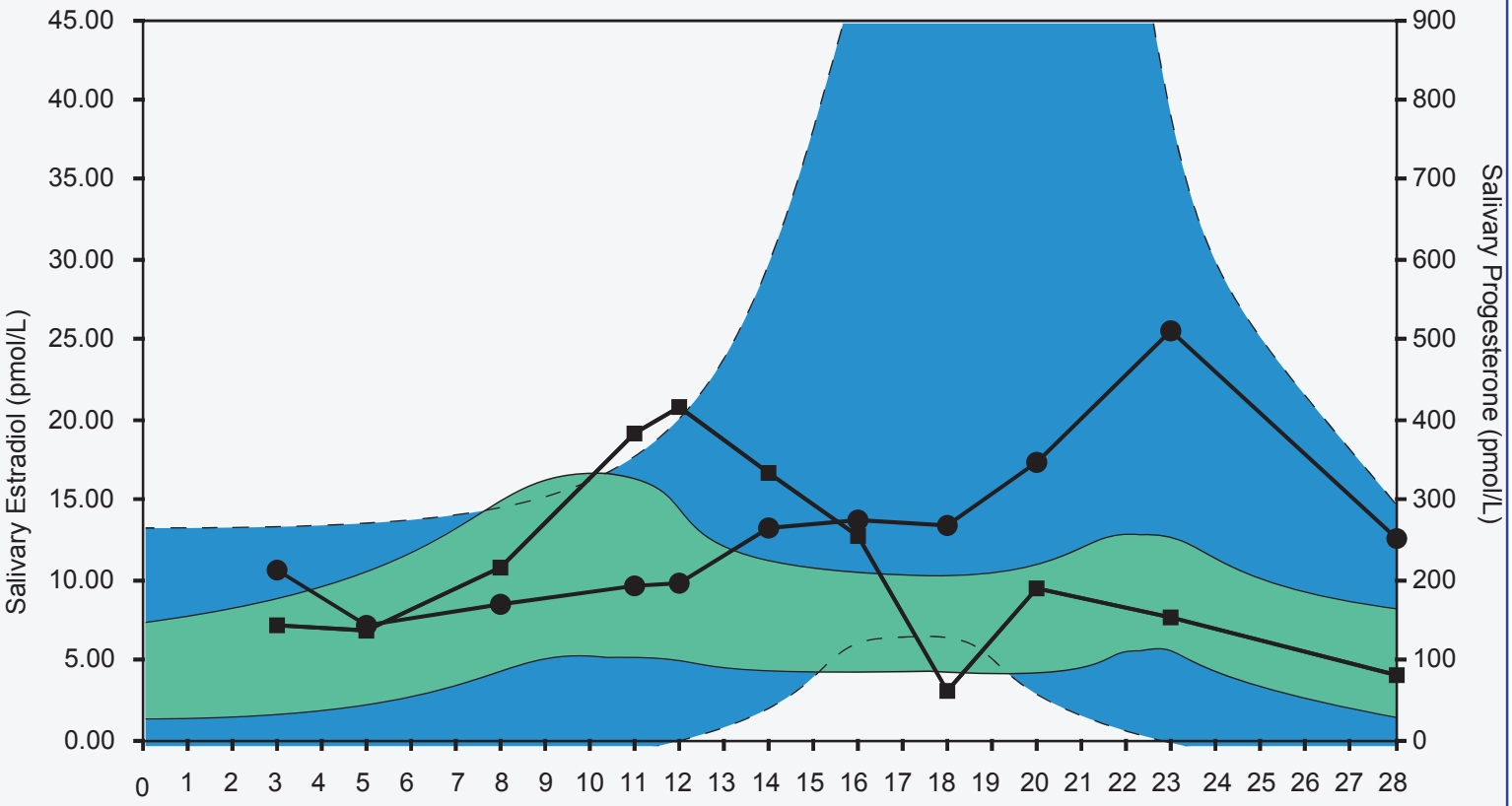
63 Zillicoa Street
Asheville, NC 28801
© Genova Diagnostics

Patient: **SAMPLE PATIENT**
Age: 35
Sex: F
MRN:

Order Number:
Completed:
Received:
Collected:

SAMPLE REPORT

Salivary Estradiol and Progesterone Activity



Day of Cycle	3	5	8	11	12	14	16	18	20	23	28	Avg.
Estradiol	7.15	6.80	10.76	19.10	20.75	16.74	12.77	3.02	9.50	7.69	4.00	10.75
Progesterone	213	144	170	192	197	265	274	268	348	511	252	258
P/E Ratio	30	21	16	10	9	16	21	89	37	66	63	34

- **Patient's Estradiol**
- **Estradiol Pattern**
- **Patient's Progesterone**
- **Progesterone Pattern**

Estradiol Reference Ranges:

Follicular: 2.0 - 8.0 pmol/L
Midcycle: 6.0 - 17.1 pmol/L
Luteal: 5.5 - 13.2 pmol/L

Progesterone Reference Ranges:

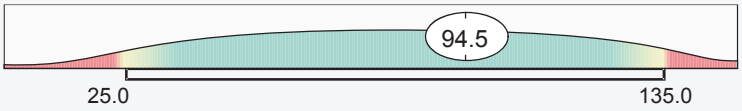
Follicular: 53 - 193 pmol/L
Luteal: 142 - 522 pmol/L
Luteal Peak: 259 - 979 pmol/L
Ideal P/E Ratio: 10 -100 pmol/L

This test was developed and its performance characteristics determined by GSDL, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration.

Salivary Testosterone

Testosterone

Ref Range pmol/L



Comments

Lab Comments

Estradiol Reference Ranges:

- Follicular: 2.00 - 8.00 pmol/L
- Midcycle: 6.00 - 17.10 pmol/L
- Luteal: 5.50 - 13.20 pmol/L
- Nonovulating: 3.00 - 12.00 pmol/L
- Male: 2.80 - 8.80 pmol/L

Progesterone Reference Ranges:

- Follicular: 53 - 193 pmol/L
- Luteal: 142 - 522 pmol/L
- Luteal Peak: 259 - 979 pmol/L
- Non-Ovulating:50 - 325 pmol/L
- Male: 24 - 104 pmol/L

Normal Ovulation: This profile indicates an adequate estradiol peak followed by a rise of progesterone into the peak range. This is consistent with a normal ovulatory pattern.

Excess follicular progesterone: One or more elevated progesterone levels is/are noted in the follicular phase. This is not an uncommon finding and may represent adrenal activity or persistent corpus lutea. This finding is not necessarily associated with symptoms, but may accompany prolonged bleeding or poly cystic ovary syndrome.

Low progesterone:estradiol ratio / follicular phase: The hormone pattern shows a low level of progesterone relative to estradiol in the follicular phase of the cycle. This situation is relatively uncommon and may be associated with high estradiol levels or a pattern consistent with menopause.

Excess luteal estradiol: Higher than usual levels of estradiol show on one or more occasions in the luteal phase of the cycle. This may be due to ovarian or adrenal dysfunction, or use of exogenous estradiols. This may have implications in patients with PMS, certain types of seizure activity and dysfunctional uterine bleeding.

Deficient luteal estradiol: Low levels of estradiol appear on one or more days of the luteal phase may relate to certain types of PMS, depressive symptoms, oligomennorrhea and fatigue. Additionally, this may reflect a degree of ovarian dysfunction and the normal aging process.

Normal progesterone:estradiol ratio / luteal phase: The P:E ratio is within the expected limits in the luteal phase. This implies a relatively balanced ovarian and adrenal hormone function.

Testosterone is within the expected range for this patient's age. Normal levels of this hormone are important for libido, maintaining lean body mass and bone density.

© Genova Diagnostics · College of American Pathologists #31722-01 · CLIA Lic. #34D0655571 · Medicare Lic. #34-8475