



SALIVA TEST REPORT

Patient Name John Doe	Patient ID JD850817	Non-smoker BMI Unspecified Waist Unspecified
DOB 8/17/1985 (38 yrs)	Report Date and Time 4/23/2024 15:00	Medications None.
Gender M	Received Date and Time 4/17/2024 15:00	Provider ID: 0000 Doctor T 17387 63rd Ave Lake Oswego, OR 497035 Ph: xxx-xxx-xxxx
	Specimen Collection Date and Time Saliva Morning 3/12/2024 07:30 Saliva Noon 3/12/2024 12:44 Saliva Evening 3/12/2024 17:15 Saliva Night 3/12/2024 21:07	

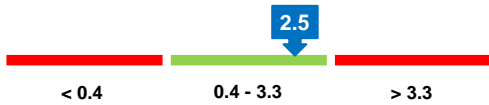
YOUR TEST RESULTS

Normal Range

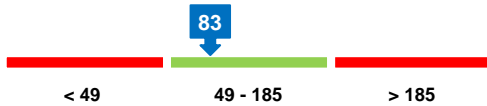
Low or High Range

Your Levels

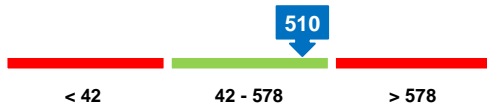
Estradiol (pg/mL)



Testosterone (pg/mL)



DHEA (pg/mL)



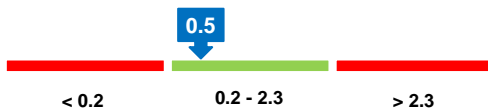
Cortisol Morning (ng/ml)



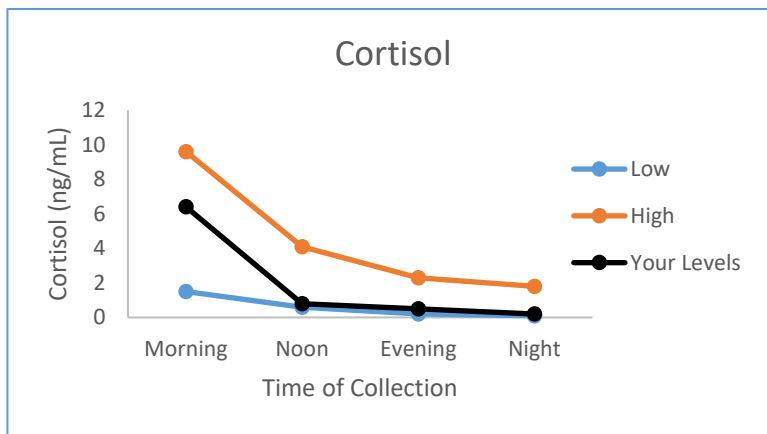
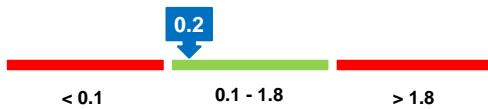
Cortisol Noon (ng/ml)



Cortisol Evening (ng/ml)



Cortisol Night (ng/ml)



What do your hormone results mean?

ESTRADIOL

Estradiol acts mainly as a growth hormone for the reproductive structures in females. In addition, estradiol works in conjunction with progesterone during the menstrual cycle and pregnancy. Low estrogen levels can cause low libido or diminished sex drive and too much estrogens can cause symptoms of estrogen dominance. In males, estradiol is involved in sperm maturation and also helps to maintain a healthy libido.

Estradiol has a significant role in maintaining healthy bone growth and improving blood flow in coronary arteries in addition to offering neuroprotective effects. Estrogens have been known to contribute to risk of breast cancer as well as some non-cancerous conditions like endometriosis and uterine fibroids.

TESTOSTERONE

Testosterone has important role in maintaining bone strength, muscle mass and energy level. In women, testosterone contributes to sex drive or libido. Menopause causes significant decline in the testosterone levels. In men, testosterone is responsible for growth and development of sexual characteristics, facial and body hair, increased sexual drive and sperm production.

Low testosterone levels can result in conditions like hair loss, reduced muscle mass, hot flashes, depression and increased breast size. High testosterone levels have been linked with aggressive behavior, acne, low sperm count, liver disease and heart muscle damage.

DHEA

DHEA is produced by the adrenal glands and is a precursor to both testosterone and estrogens. DHEA is also a neurohormone as small quantities are produced in the brain. It has a broad spectrum of benefits including improved energy, mood, memory, increased testosterone levels, enhanced libido and immune function. In men, low DHEA levels can cause low libido, reduced muscle mass and strength, depression, fatigue and compromised immune function. In women, DHEA is known to balance other hormones like estrogens, progesterone and testosterone. Low DHEA levels can cause weight gain, depression, fatigue and low libido.

CORTISOL

In addition to being called as “the stress hormone”, cortisol helps in proper glucose metabolism, converting sugars into energy. High cortisol levels in men have been associated with hyperglycemia, weight gain, compromised immune function and high blood pressure. Cortisol imbalance is known to result in conditions like irritability, fatigue, depression, foggy thinking, weight gain and bone loss. Stress reducing activities including meditation and breathing exercise have been recommended to relieve stress levels and avoid premature aging.

This report is only for information purpose and does not provide any diagnosis or treatment. There may be many other risk factors that must be considered for a complete assessment of your health. Please consult your healthcare provider to discuss your results and any questions you may have about your wellness. This test was developed and its performance characteristics determined by AYUMETRIX. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing.

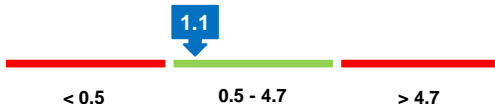
BLOOD TEST REPORT

Patient John Doe	Patient ID JD850817	Non-smoker	BMI 25.8	Waist 29 in
DOB 8/17/1985 (38 yrs)	Report Date and Time 4/23/2024 15:00	Medications None		
Gender M	Received Date and Time 4/17/2024 15:00			
Systolic blood pressure 120 mmHg	Specimen Collection Date and Time Blood Spot 3/12/2024 06:10			
	Hours of Fasting 10	Provider ID: 0000		
	Family History of	Doctor T		
	Heart Disease No	17387 63rd Ave		
	Diabetes No	Lake Oswego, OR 497035		
	Cancer No	Ph: xxx-xxx-xxxx		

YOUR TEST RESULTS

█ Normal Range
 █ Low or High Range
 █ Your Levels

TSH (μIU/ mL)



fT3 (pg/mL)



fT4 (ng/dL)



a-TPO (IU/mL)



What do your hormone results mean?

Thyroid-Stimulating Hormone

In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels are elevated. In primary hyperthyroidism, TSH levels are low. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal.

Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

T3 (Triiodothyronine), Free

Normally triiodothyronine (T3) circulates tightly bound to thyroxine-binding globulin and albumin. Only 0.3% of the total T3 is unbound (free); the free fraction is the active form. In hyperthyroidism, both thyroxine (tetraiodothyronine; thyroxine: T4) and T3 levels (total and free) are usually elevated, but in a small subset of hyperthyroid patients (T3 toxicosis) only T3 is elevated.

T4 (Thyroxine), Free

Free thyroxine (fT4) comprises a small fraction of total thyroxine. The fT4 is available to the tissues and is, therefore, the metabolically active fraction. Elevations in fT4 cause hyperthyroidism, while decreases cause hypothyroidism.

Thyroid peroxidase (TPO) Antibodies

Disorders of the thyroid gland are frequently caused by autoimmune mechanisms with the production of autoantibodies. Anti-TPO antibodies activate complement and are thought to be significantly involved in thyroid dysfunction and the pathogenesis of hypothyroidism.

In patients with subclinical hypothyroidism, the presence of TPO antibodies, predicts a higher risk of developing overt hypothyroidism, 4.3% per year versus 2.1% per year in antibody-negative individuals. Such patients may be at risk of developing other autoimmune diseases, such as adrenal insufficiency and type 1 diabetes.

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