TEST NAME		
Salivary Steroids		
Estradiol	1.3	1.3-3.3 pg/mL Premenopausal (Luteal)
Progesterone	81	75-270 pg/mL Premenopausal (Luteal)
Ratio: Pg/E2	62 L	Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	30	16-55 pg/mL (Age Dependent)
DHEAS	3.9	2-23 ng/mL (Age Dependent)
Cortisol	5.9	3.7-9.5 ng/mL (morning)
Cortisol	1.9	1.2-3.0 ng/mL (noon)
Cortisol	0.7	0.6-1.9 ng/mL (evening)
Cortisol	0.8	0.4-1.0 ng/mL (night)

<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.</p>

#### **Therapies**

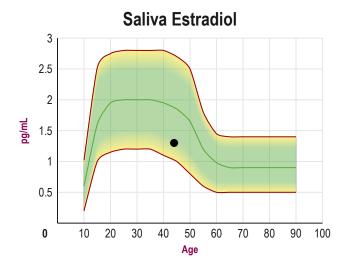
None Indicated

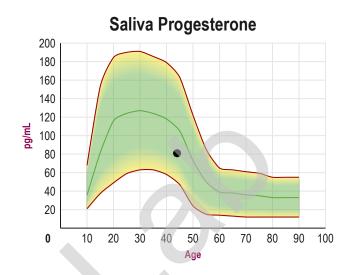
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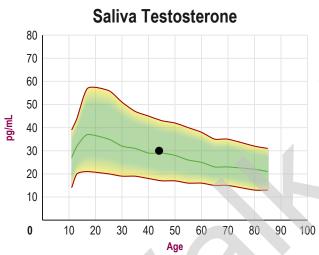
#### **Graphs**

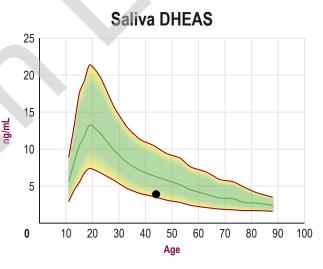
Disclaimer: Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

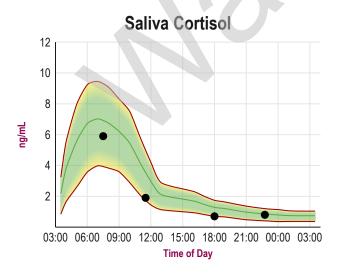
Average ▼▲ Off Graph











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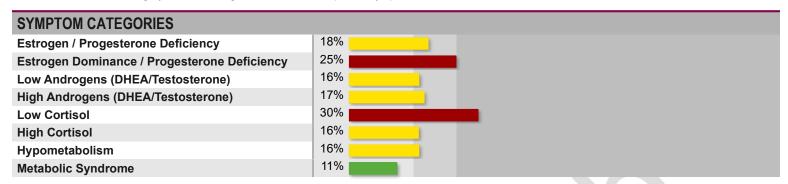
## TEST REPORT | Reference Ranges

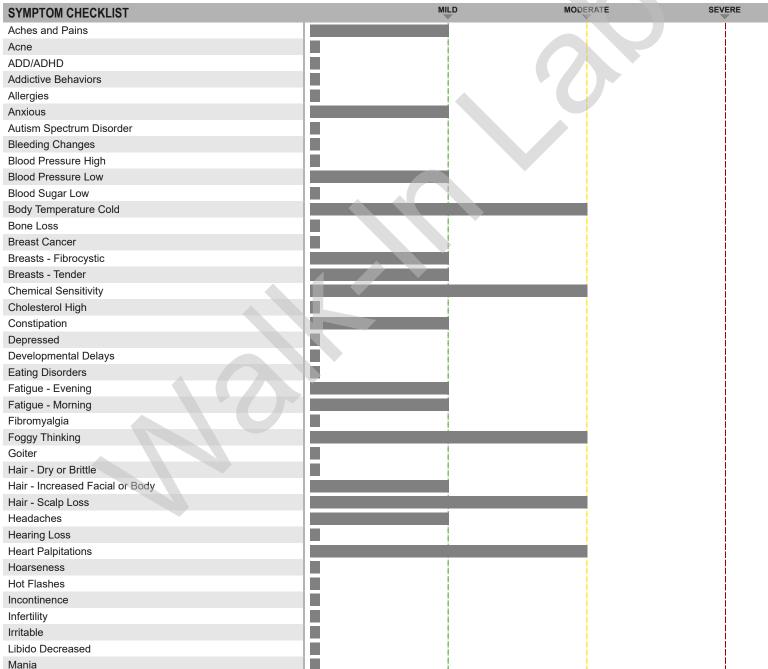
Disclaimer: Supplement type and dosage are for informational purposes only and are not recommendations for treatment. For a complete listing of reference ranges, go to www.zrtlab.com/reference-ranges.

TEST NAME	WOMEN	
Salivary Steroids		
Estradiol	0.5-1.7 pg/mL Postmenopausal (optimal 1.3-1.7); 1.3-3.3 pg/mL Premenopausal (Luteal); 0.8-12 pg/mL Estrogen Rplcmnt (optimal 1.3-3.3); 0.5-2.2 pg/mL (Synthetic HRT, BC); 0.9-2.5 pg/mL Premenopausal (Follicular); 1.1-4.8 Premeno-Ovulatory (2.0-4.8 optimal)	
Progesterone	12-100 pg/mL Postmenopausal; 14-48 pg/mL Premenopausal (Follicular); 75-270 pg/mL Premenopausal (Luteal); 30-300 pg/mL Oral, Troche, SL Progesterone (100-300 mg); 200-3000 pg/mL Topical, Vag Pg (10-30mg); 10-53 pg/mL Synthetic Progestins (HRT, BC); 11-59 pg/ml Premeno-Ovulatory	
Ratio: Pg/E2	Optimal: 100-500 when E2 1.3-3.3 pg/mL	
Testosterone	16-55 pg/mL (Age Dependent)	
DHEAS	2-23 ng/mL (Age Dependent)	
Cortisol	3.7-9.5 ng/mL (morning); 1.2-3.0 ng/mL (noon); 0.6-1.9 ng/mL (evening); 0.4-1.0 ng/mL (night)	

### **TEST REPORT** | Patient Reported Symptoms

**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.





# TEST REPORT | Patient Reported Symptoms continued

SYMPTOM CHECKLIST	MILD	MODERATE	SEVER
Memory Lapse			-
Mood Swings			
Muscle Size Decreased			İ
Nails Breaking or Brittle			İ
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			}
Jrinary Urge Increased			
Jterine Fibroids			}
Vaginal Dryness			
Water Retention			}
Weight Gain - Hips			
Weight Gain - Waist			}

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