TEST REPORT

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2018 08 15 111 B

Ordering Provider: Getuwell Clinic

Samples Received 08/15/2018 **Report Date** 08/20/2018

Samples Collected Blood Spot - 08/12/2018 10:05

Patient Name: Male Blood Profile I Patient Phone Number: 555 555 5555

Gender Male	Height 5 ft 7 in	Waist 31 in	Basal Body Temperature 96.5°			
DOB	Weight	BMI				
11/29/1983 (34 yrs)	160 lb	25.1				
TEST NAME	RESUL	TS 08/12/2018	RANGE			
Blood Spot Steroids (LC-MS/MS) & Other Analytes						
Estradiol	15		14-32 pg/mL			
Testosterone	50	63	324-905 ng/dL (Age Dependent)			
SHBG		74 H	15-50 nmol/L			
Ratio: T/SHBG	0.3 L		0.5-2.1			
DHEAS	1	64	26-342 μg/dL			
PSA	e e e e e e e e e e e e e e e e e e e	1.8	<4 ng/mL (optimal 0.5-2)			
Cortisol		4.0	9.1-19.6 µg/dL (morning), 3.3-8.9 (eve/night)			

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



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	MEN
Blood Spot Steroids (LC-MS/MS) & Other	ner Analytes
Estradiol	14-32 pg/mL
Testosterone	324-905 ng/dL (Age Dependent); 521-5137 ng/dL TRT
SHBG	15-50 nmol/L
Ratio: T/SHBG	0.5-2.1
DHEAS	26-342 µg/dL
PSA	<4 ng/mL (optimal 0.5-2)
Cortisol	9.1-19.6 µg/dL (morning), 3.3-8.9 (eve/night); 3.3-8.9 µg/dL (eve/night)



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 08/12/2018
Estrogen / Progesterone Deficiency	14%
Estrogen Dominance / Progesterone Deficiency	3%
Low Androgens (DHEA/Testosterone)	14%
High Androgens (DHEA/Testosterone)	25%
Low Cortisol	24%
High Cortisol	17%
Hypometabolism	21%
Metabolic Syndrome	6%

SYMPTOM CHECKLIST	MI	LD MODE	RATE SEVERE
Acne			
ADD/ADHD			† †
Addictive Behaviors			1 1
Aggressive Behavior			Ì İ
Allergies			ť t
Anxious			1 1
Apathy			
Autism Spectrum Disorder			Ť
Blood Pressure High			t t
Blood Pressure Low			T T
Blood Sugar Low			T T
Body Temperature Cold			
Bone Loss			Ī
Burned Out Feeling			I
Chemical Sensitivity			I
Cholesterol High			I
Constipation			I
Depressed			
Developmental Delays			[[
Dizzy Spells			
Eating Disorders			[[
Erections Decreased			
Fatigue - Evening			
Fatigue - Mental			
Fatigue - Morning			
Flexibility Decreased			
Forgetfulness			
Goiter			
Hair - Dry or Brittle			
Hair or Skin Oily			
Headaches			
Hearing Loss			
Heart Palpitations			
Hoarseness			
Hot Flashes			
Infertility			
Irritable			
Joint Pain			
Libido Decreased			
Mania			

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Alison McAllister, ND.

TEST REPORT | Patient Reported Symptoms continued

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERI
Mental Sharpness Decreased			
Muscle Size Decreased		T T	1
Muscle Soreness		Ī	1
Nails Breaking or Brittle		T T	T.
Neck or Back Pain		T T	T.
Nervous		T T	T.
Night Sweats		Ī	T.
Numbness - Feet or Hands		T T	T.
OCD		Ī	T.
Panic Attacks		T T	T.
Prostate Cancer		Ī	1
Prostate Problems		T T	1
Pulse Rate Slow		Ī	T.
Rapid Aging		Ī	T.
Rapid Heartbeat		T T	T.
Ringing In Ears		T T	T.
Skin Thinning		1	T.
Sleeping Difficulty	i se a la companya de		T.
Stamina Decreased		1	T.
Stress		Ī	1
Sugar Cravings		1	1
Sweating Decreased		Ī	T.
Swelling or Puffy Eyes/Face		Ī	1
Triglycerides Elevated		T	1
Urinary Urge Increased		T	1
Urine Flow Decreased		Ī	1
Weight Gain - Breast or Hips		T	1
Weight Gain - Waist		1	1

Lab Comments

Estradiol (blood spot) is within observed range for a male.

Testosterone (blood spot) is within normal range and symptoms of androgen excess and deficiency are minimal. The testosterone in the blood spot assay represents the level in whole blood (includes all blood cells that also carry hormones to target tissues), which is very similar to serum or plasma levels in patients not supplementing with testosterone.

SHBG (Sex Hormone Binding Globulin) is high, strongly suggesting exposure to a high level of estrogens. SHBG is a protein synthesized by the liver in response to estrogen exposure. All forms of estrogens (endogenous, phytoestrogens, and xeno estrogens) will increase liver production of SHBG. Hepatic induction of SHBG by estrogens is inhibited by testosterone, high insulin from insulin resistance, and low thyroid (hypothyroidism). Phytoestrogens found in many foods, spices, and herbs as well as xenoestrogens der ived from petrochemical pollutants induce hepatic production of SHBG but are not detected with the immunoassays for the endogenous estrogens (estradiol, estrone, or estriol); therefore, a high SHBG in the absence of a high level of endogenous estrogens suggests exposure to other exogenous estrogens. Testing for estradiol and estrone in saliva is recommended.

DHEAS (blood spot) is within high-normal range. DHEAS is highest during the late teens to early twenties and then declines progressively with age to the lower levels of the range in healthy men and women. DHEAS is expected to be within the lower range in older individuals. Higher DHEAS levels in individuals older than 40 is usually associated with DHEA supplementation, but is not uncommon in well trained athletes. High DHEAS can be associated with symptoms of androgen excess (e.g. loss of scalp hair, increased facial/ body hair, acne).

PSA (Prostate Specific Antigen) is within normal range.

Morning cortisol (blood spot) is within mid-range. If symptoms of adrenal imbalance are problematic consider testing cortisol in saliva 4x throughout the day to determine if levels remain within normal range. If salivary cortisol levels drop following the morning sample this suggests low adrenal reserve and need for adrenal support.

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David T. Zava, Ph.D. Laboratory Director

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