

Dr Test Doctor Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID PAT-100009
Ext ID 25343-0383

Test Patient

Sex: Female • 45yrs • 01-Jan-80
123 Home Street, Test Suburb Vic 3125

RECEIVED
09-Dec-25

ADRENOCORTEX STRESS PROFILE & FEMALE BASIC

Specimen type - Saliva

Collected

05-Dec-25 08.00am, 12.00pm, 04.00pm, 08.00pm

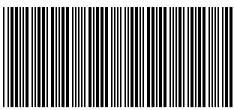


CORTISOL Values

TEST	RESULT	H/L	REFERENCE	UNITS
Cortisol, Morning	16.6	<div><div></div><div></div><div></div><div></div><div></div></div>	(12.0-48.0)	nmol/L
Cortisol, Midday	13.2	<div><div></div><div></div><div></div><div></div><div></div></div>	(4.0-14.0)	nmol/L
Cortisol, Afternoon	9.8	<div><div></div><div></div><div></div><div></div><div></div></div>	(2.0-11.0)	nmol/L
Cortisol, Evening	7.1	<div><div></div><div></div><div></div><div></div><div></div></div>	(1.0-8.0)	nmol/L
Cortisol Daily, Total	46.7	<div><div></div><div></div><div></div><div></div><div></div></div>	(11.0-76.0)	nmol/L

DHEAS Values

TEST	RESULT	H/L	REFERENCE	UNITS
DHEAS, Morning	8.2	<div><div></div><div></div><div></div><div></div><div></div></div>	(1.8-18.0)	nmol/L
DHEAS/Cortisol AM	0.49	<div><div></div><div></div><div></div><div></div><div></div></div>	(0.20-0.60)	ratio



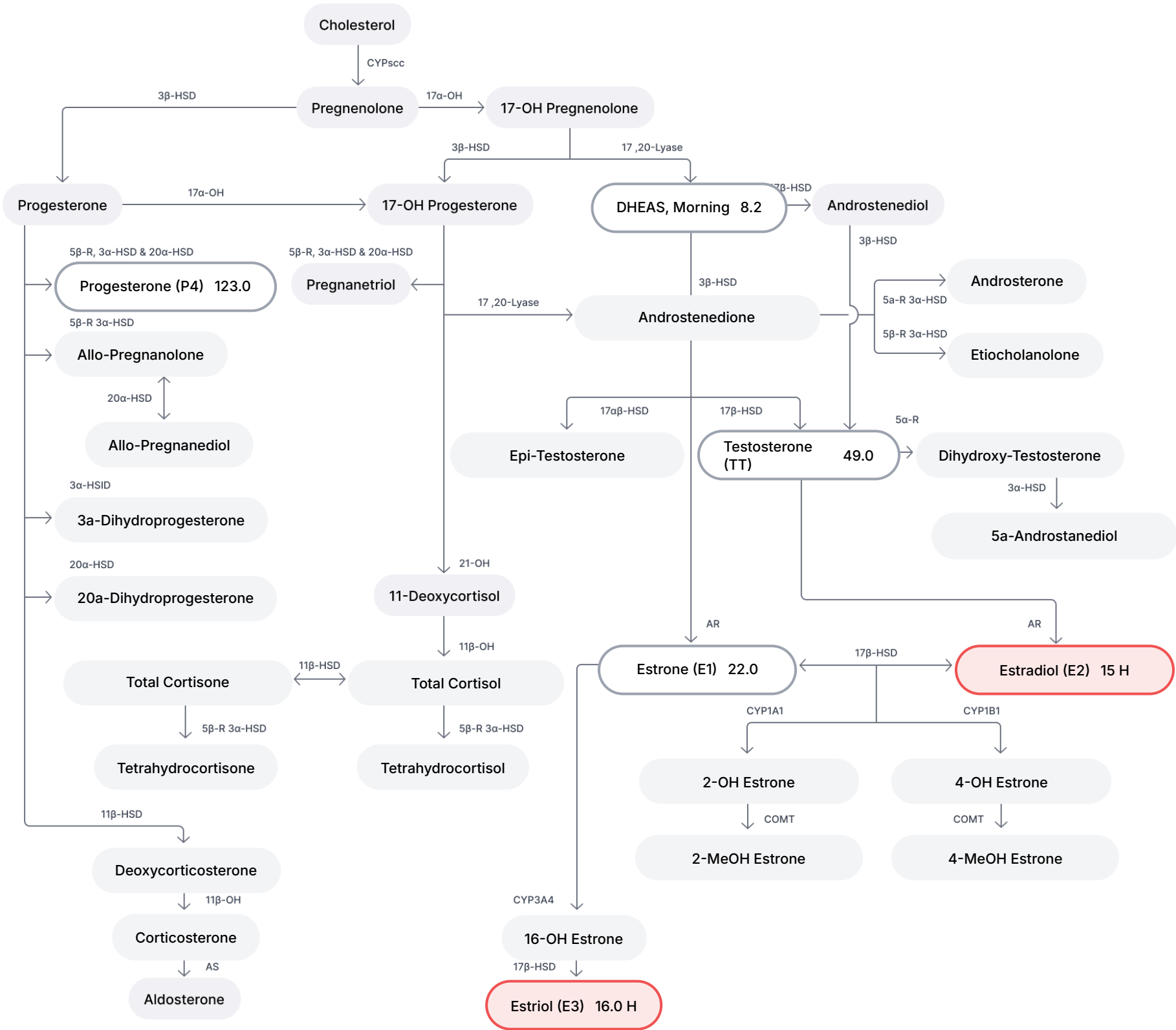
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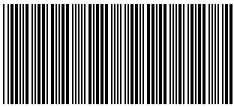


Legend Hormone not tested Within range Out of range L = Low, LL = Critically Low H = High, HH = Critically High

Enzyme Abbreviations	5α-R	5α-Reductase	3α-HSD	3α-Hydroxysteroid dehydrogenase	AR	Aromatase
	5β-R	5β-Reductase	3β-HSD	3β-Hydroxysteroid dehydrogenase	AS	Aldosterone Synthase
	11β-oH	11β-Hydroxylase	11β-HSD	11β Hydroxysteroid dehydrogenase	CYP	Cytochrome p450 (scc, 1A1, 1B1 & 3A4)
	17α-OH	17α-Hydroxylase	17α-HSD	17α-Hydroxysteroid dehydrogenase	COMT	Catechol-O-Methyl-Transferase
	17,20-Lyase	Same enzyme as 17α-OH	17β-HSD	17β-Hydroxysteroid dehydrogenase		
	21-OH	21-Hydroxylase	20α-HSD	20α-Hydroxysteroid dehydrogenase		



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PROGESTERONE (P4) LOW NORMAL:

Salivary progesterone is low normal for a premenopausal woman. Progesterone is secreted by the corpus luteum post-ovulation and supports endometrial stability, menstrual regularity, pregnancy maintenance, and modulates neurosteroid activity for mood regulation. Assuming collection was performed between day 19-21, low normal progesterone may manifest as irregular cycles, heavy or light menstrual bleeding, premenstrual symptoms, mood disturbances, anxiety, insomnia, and reduced fertility.

Treatment Considerations:

Hormonal:

Oral - micronised progesterone 80–100 mg nightly for 12–14 days per cycle

Transdermal - Bioidentical transdermal progesterone 8mg/gram (or 80mg/day troche or oral) under clinical supervision.

Aim for a supplemented ratio of E2:Prog of 1:200 (200 parts Progesterone to 1 part estradiol).

Lifestyle/Natural: Stress reduction, adequate sleep, balanced diet rich in healthy fats, and vitamin B6 supplementation to support progesterone production.

DHEA-S NORMAL:

Saliva DHEA-S levels are normal.

TESTOSTERONE (TT) NORMAL:

Saliva testosterone level for a female is within range and adequate.

ESTRADIOL (E2) ELEVATED:

Salivary estradiol is above the expected reference range for a premenopausal woman. Estradiol is the most potent estrogen in reproductive years, regulating menstrual cycles, bone and cardiovascular health, and cognitive function.

High estradiol may manifest as heavy or irregular periods, breast tenderness, fluid retention, mood changes, and increased risk of estrogen-sensitive disorders. Causes may include exogenous estrogen therapy, ovarian cysts, or impaired estrogen clearance.

Management Considerations:

Hormonal: Evaluate current hormone therapy or oral contraceptives; dose adjustment may be indicated.

Lifestyle/Natural: Maintain healthy weight, increase dietary fiber, support liver function (adequate hydration, cruciferous vegetables), and limit alcohol.

ESTRONE (E1) NORMAL:

Saliva Estrone (E1) is within range.

ESTRIOL (E3) ELEVATED:

Salivary estriol is above the expected reference range for a premenopausal woman. Estriol is a weaker estrogen metabolite, primarily formed peripherally from estradiol and estrone, and contributes to urogenital health and mild estrogenic activity.

High estriol may be associated with mild estrogen excess symptoms, such as breast tenderness, bloating, or mild mood changes. Causes may include supplementation, enhanced peripheral conversion, or altered liver metabolism.

Treatment Considerations:



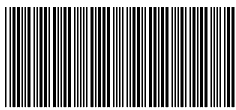
NUTRIPATH • PATIENT REPORT

16 Harker St, Burwood VIC, 3125 • info@nutripath.com.au • 1300 688 522



RCPA
The Royal College of Pathologists of Australasia

NATA Accreditation: #20770



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Hormonal: Reassess estrogen-containing therapies.

Lifestyle/Natural: Support estrogen metabolism with fiber-rich diet, weight management, and regular exercise.

Methodology

Automated Chemistry/Immunochemistry, Liquid Chromatography-Mass Spectrometry (LC-MS/MS/MS)