



Adrenal Hormone Report

**Order:** SAMPLE REPORT

Client #: 12345
Doctor: Sample Doctor
 Doctor's Data, Inc.
 3755 Illinois Ave.
 St. Charles, IL 60174

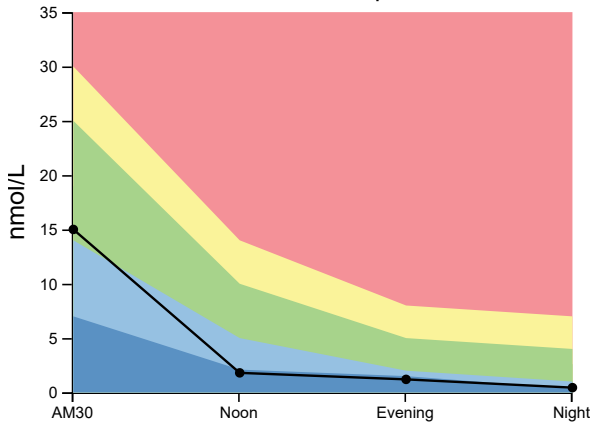
Patient: Sample Patient

Age: 49
Sex: Female
Menopausal Status: Pre-menopausal,

Sample Collection**Date/Time**

Date Collected 11/03/2025
Date Received 11/04/2025
Date Reported 11/05/2025

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
Cortisol AM30	15	nmol/L		◆		14.0 – 25.0	7.0 – 30.0
Cortisol Noon	1.8	nmol/L	↓			5.0 – 10.0	2.1 – 14.0
Cortisol Evening	1.2	nmol/L	↓			2.0 – 5.0	1.5 – 8.0
Cortisol Night	0.44	nmol/L		◆		1.0 – 4.0	0.33 – 7.0
DHEA*	15	pg/mL	↓				106 – 300

Cortisol Graph**Hormone Comments**

- AM cortisol level appears adequate, although the suboptimal diurnal cortisol pattern is suggestive of early (Phase 1) HPA axis (adrenal gland) dysfunction.
- DHEA levels typically decline with age and the level measured here is below the reference range. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.

Adrenal Phase: 1**Notes:**

The current samples are routinely held three weeks from receipt for additional testing.

RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI)

*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.

Methodology: Enzyme Immunoassay



Hormone Report

**Order:** SAMPLE REPORT**Client #:** 12345**Doctor:** Sample Doctor

Doctor's Data, Inc.

3755 Illinois Ave.

St. Charles, IL 60174

Patient: Sample Patient**Age:** 49**Sex:** Female**Menopausal Status:** Pre-menopausal ,**Sample Collection****Date/Time****Date Collected**

11/03/2025

Date Received

11/04/2025

Date Reported

11/05/2025

Analyte	Result	Unit	L	WRI	H	Reference Interval	Supplementation Range**
Estrone (E1)*	29.0	pg/mL		◆		< 45	
Estradiol (E2)	0.60	pg/mL		◆		0.6 – 4.5	1.0 – 6.0
Estriol (E3)*	<5.0	pg/mL	↓			7.5 – 66	45 – 680
EQ (E3 / (E1 + E2)) Ratio	0.17		↓			≥ 1.0	
Progesterone (Pg)	26	pg/mL	↓			127 – 446	400 – 4000
Pg/E2 Ratio†	43.3		↓			≥ 200	≥ 200
Testosterone	7.0	pg/mL		◆		3.0 – 45	20 – 55
DHEA*	15	pg/mL	↓			106 – 300	



Hormone Comments

- Suboptimal estradiol may warrant supplementation for bone, brain, vascular, and cognitive benefits.
- Low estriol levels are often associated with vaginal dryness.
- Henry Lemon MD developed the Estrogen Quotient (EQ), a simple ratio of the cancer protective E3 relative to the proliferative estrogens E1 and E2, to assess breast cancer risk. A lower number (<1.0) indicates increased risk, and a higher number (>1.0) signifies lower risk. Dr. Lemon stated that for maximum protection, an optimal EQ is >1.5.
- The Estrogen Quotient (EQ) is low. Estriol supplementation is a consideration to balance this quotient and reduce associated risks.
- Progesterone to estradiol (Pg/E2) ratio is consistent with progesterone insufficiency (estrogen dominance). Progesterone supplementation is a consideration to benefit breast tissue, cognition, cardiovascular and bone health.
- DHEA levels typically decline with age and the level measured here is below the reference range. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.
- Supplementation reference ranges are based on adherence to proper dosage interval(s). Please visit <https://www.DoctorsData.com/Resources/BestPractices.pdf> for more information.

Notes:

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†The Pg/E2 ratio is an optimal range established based on clinical observation. Reference intervals for Pg/E2 ratio have not been established in males and post-menopausal women who are not supplementing with progesterone and/or estrogens.

**If supplementation is reported then the supplementation ranges will be graphed. The supplementation ranges depicted are for informational purposes only and were derived from a cohort of adult men and women utilizing physiologic transdermal bioidentical hormone therapy.

Methodology: Enzyme Immunoassay