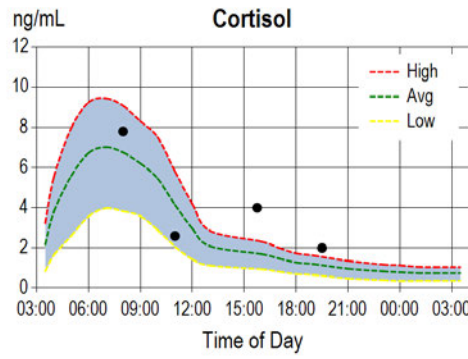
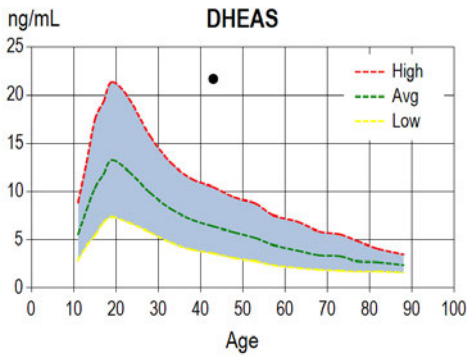


<i>Test nr.</i>	<i>Collected</i>	<i>Practitioner Name</i>
<i>Patient Name</i>		<i>Practitioner Address</i>
<i>Patient nr.</i>		
<i>DOB</i>	<i>Sex</i>	
<i>Received</i>	<i>Tested</i>	

Test Name	Result	Units	Range
DHEAS (Saliva)	21.7	ng/mL	2-23 (Age Dependent)
Cortisol (Saliva)	7.8	ng/mL	3.7-9.5 (morning)
Cortisol (Saliva)	2.6	ng/mL	1.2-3.0 (noon)
Cortisol (Saliva)	4.0	H ng/mL	0.6-1.9 (evening)
Cortisol (Saliva)	2.0	H ng/mL	0.4-1.0 (night)

Therapies
 None Indicated



Test nr.

Collected

Patient Name

Practitioner Name

Patient nr.

Practitioner Address

DOB

Sex

Received

Tested

Lab Comments

DHEAS is higher than the expected age range. DHEAS is highest during the late teens to early twenties (10-20 ng/ml) and drops steadily with age to the lower end of range by age 70-80 (2-9 ng/ml). Mid-life DHEAS levels in both males and females are usually in the range of 5-8 ng/ml. Higher than normal age-range DHEAS levels are common in well trained athletes and individuals supplementing with DHEA or adrenal adaptogens that stimulate adrenal production of DHEA. High DHEAS may be associated with high androgen symptoms (loss of scalp hair, increased facial/body hair, acne) when the DHEA is converted to testosterone and dihydrotestosterone directly in the pilosebaceous gland of the skin.

Cortisol is within normal range in the morning and at noon, but rises to a high level in the evening and at night. Higher evening/night cortisol indicates either supplementation with a glucocorticoid (none indicated) or some form of adrenal stressor(s). The most common stressors that stimulate adrenal gland production of cortisol include: psychological stressors (emotional), physical insults (injury, pain, diseases), chemical exposure (environmental pollutants, excessive medications), hypoglycemia (low blood sugar), and pathogenic infections (bacterial, viral, fungal). Acute situational stressors (e.g., anxiety over unresolved situations, travel, work-related problems, wedding, holiday season, etc.) can also result in a transient increase in cortisol levels, which is a normal response to the stressor; however, cortisol usually returns to normal once the stressor is removed. If the stressor persists the adrenal glands either continue to meet the demands of the stressor with high cortisol output, or become exhausted, wherein cortisol levels fall to normal or more commonly drop to a low level. If high adrenal cortisol output persists over a prolonged period of time (months/years), excessive breakdown of normal tissues (muscle wasting, thinning of skin, bone loss) and immune suppression can result. Chronic high cortisol is commonly associated with sleep disturbances, vasomotor symptoms (hot flashes and night sweats despite normal or high estrogen levels), fatigue, depression, weight gain in the waist, bone loss, and anxiety. Chronic high cortisol can also impair the actions of other hormones such as insulin and thyroid, causing symptoms of their deficiency, even though the levels of these hormones may be within normal range (i.e., insulin resistance and thyroid deficiency). For additional information about strategies for supporting adrenal health and reducing stressors, the following books are worth reading: "Adrenal Fatigue", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Talbott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "Awakening Athena" by Kenna Stephenson, MD.