TEST REPORT

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Beaverton, OR 97008
Phone: 503-466-2445 Fax: 503-466-1636

ZRT LABORATORY

 # D2018 12 17 001 S

Ordering Provider:
Getuwell

Samples Received
12/17/2018

Report Date
12/17/2018

Samples Collected
Saliva - 12/13/18 06:00
Saliva - 12/13/18 06:30
Saliva - 12/13/18 07:00
Saliva - 12/13/18 12:00
Saliva - 12/13/18 18:30
Saliva - 12/13/18 22:30

Patient Name: Cortisol Awakening Response
Patient Phone Number:

Gender	Last Menses	Height	Waist
Female	11/24/2018	5 ft 5 in	34 in
DOB	**Menses Status**	**Weight**	**BMI**
6/11/1977 (41 yrs)	Pre-Menopausal	170 lb	28.3

TEST NAME	RESULTS | 12/13/18	RANGE
Salivary Steroids		
DHEAS	8.1	2-23 ng/mL (Age Dependent)
Cortisol	4.6	3.7-9.5 ng/mL (morning)
Cortisol	8.3	3.7-9.5 ng/mL (morning)
Cortisol	6.8	3.7-9.5 ng/mL (morning)
Cortisol	2.9	1.2-3.0 ng/mL (noon)
Cortisol	1.4	0.6-1.9 ng/mL (evening)
Cortisol	0.9	0.4-1.0 ng/mL (night)

__<dL__ = 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

David T. Zava, Ph.D.
Laboratory Director

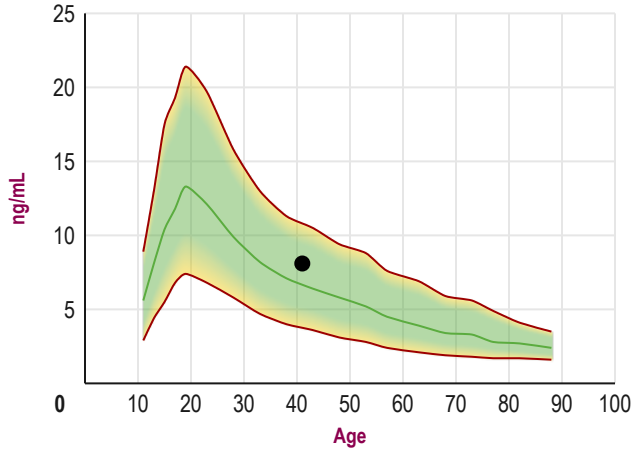
Alison McAllister, ND.
(Ordering Provider unless otherwise specified on page 1)

Graphs

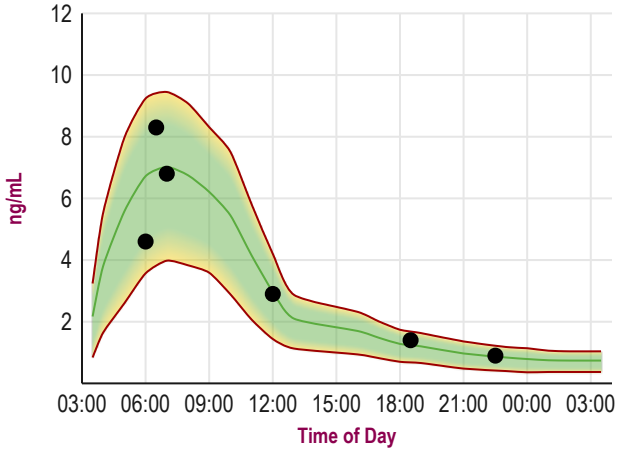
Disclaimer: Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

Average ▼▲ Off Graph

Saliva DHEAS



Saliva Cortisol



The above results and comments are for informational purposes only and are not to be construed as medical advice. Please consult your healthcare practitioner for diagnosis and treatment.

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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 | 12/13/18
Estrogen / Progesterone Deficiency	0%
Estrogen Dominance / Progesterone Deficiency	4%
Low Androgens (DHEA/Testosterone)	1%
High Androgens (DHEA/Testosterone)	2%
Low Cortisol	7%
High Cortisol	5%
Hypometabolism	1%
Metabolic Syndrome	9%

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Aches and Pains			
Acne			
Allergies			
Anxious			
Bleeding Changes			
Blood Pressure High			
Blood Pressure Low			
Blood Sugar Low			
Body Temperature Cold			
Bone Loss			
Breast Cancer			
Breasts - Fibrocystic			
Breasts - Tender			
Chemical Sensitivity			
Cholesterol High			
Constipation			
Depressed			
Fatigue - Evening			
Fatigue - Morning			
Fibromyalgia			
Foggy Thinking			
Goiter			
Hair - Dry or Brittle			
Hair - Increased Facial or Body			
Hair - Scalp Loss			
Headaches			
Hearing Loss			
Heart Palpitations			
Hoarseness			
Hot Flashes			
Incontinence			
Infertility			
Irritable			
Libido Decreased			
Memory Lapse			
Mood Swings			
Muscle Size Decreased			
Nails Breaking or Brittle			
Nervous			
Night Sweats			
Numbness - Feet or Hands			

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Lab Comments

DHEAS is within mid-normal 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.

Cortisol is within range upon waking in the morning. The cortisol awakening response (CAR) is a 45% rise from waking to 30 minutes later. Then, levels drop to levels within range for the rest of the day and high-normal at night. In a normal individual without significant stressors, cortisol is highest in the morning shortly after awakening, rises by up to 50% roughly 30 minutes after awakening, then steadily drops throughout the day, reaching the lowest level during sleep in the very early morning about 2 am. Under stress situations the adrenal glands respond by increasing cortisol output. However, when cortisol levels are within normal range under situations of excessive stress, as reported herein, this suggests that the adrenal glands may be overworking to keep up with the demands of the stressors, which could eventually lead to HPA axis dysfunction. HPA dysfunction is most commonly caused by stressors which include: psychological stress (emotional), sleep deprivation, poor diet (low protein-particularly problematic in vegetarians), nutrient deficiencies (particularly low vitamins C and B5), physical insults (surgery, injury), diseases (cancer, diabetes), chemical exposure (environmental pollutants, excessive medications), low levels of cortisol precursors (pregnenolone and progesterone) and pathogenic infections (bacteria, viruses and fungi). A normal daily output of cortisol is essential to maintain normal metabolic activity, help regulate steady state glucose levels (important for brain function and energy production), and optimize immune function. Depletion of adrenal cortisol synthesis by a chronic stressor, sleep deprivation, and/or nutrient deficiencies (particularly vitamins C and B5) often leads to symptoms such as fatigue, allergies (immune dysfunction), chemical sensitivity, cold body temp, and sugar craving. 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.

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