



# Fertility Testing & Cycle Mapping

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*Discover True Clinical Utility with the  
Industry's Best Testing*



# The Problem of Infertility

If you've been trying to get pregnant without success, you are not alone. Studies show 1 in 10 women aged 30-34 struggle with infertility, rising to 1 in 4 after age 40.

Too often women wonder why they are unable to conceive while feeling as if the clock is ticking. Testing can help them find out if more assistance is needed from a specialist or provide peace of mind when conceiving is taking longer than expected.

## Physical Causes

Nearly half (41%) of cases of infertility in women can be attributed to physical causes such as not producing an egg (ovulatory failure, 21%), damage to the tubes that carry the egg to the uterus for fertilization and implantation (tubal damage, 14%), and problems with the uterine lining (endometriosis, 6%). But a massive 28% of cases are left unexplained.

## Hormonal Causes

In the absence of a physical cause, many cases of female infertility may be explained by something as simple as a hormonal imbalance, which can be detected by hormone testing and easily corrected by diet, lifestyle changes, or hormone therapy.



### NO SUPPLEMENT SALES

ZRT is dedicated to testing. Unlike other labs, we don't sell supplements – which avoids any conflicts of interest.



### MOST MEANINGFUL REPORT

ZRT's test report includes levels and personalized comments that provide insight into a patient's individual condition



### MOST CONVENIENT

ZRT's at-home sample collection lets you test on a day that works for you.

## TESTING CAN HELP THOSE WHO:



Have premenstrual syndrome (PMS) symptoms



Know infertility runs in the family



Have been trying to conceive for more than 6 months



Want to assess their fertility status



Have had difficulty sustaining pregnancy in the past



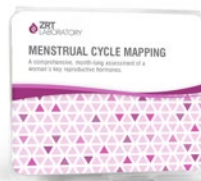
Are in their mid-30s or older



## ZRT Laboratory's Fertility Profile

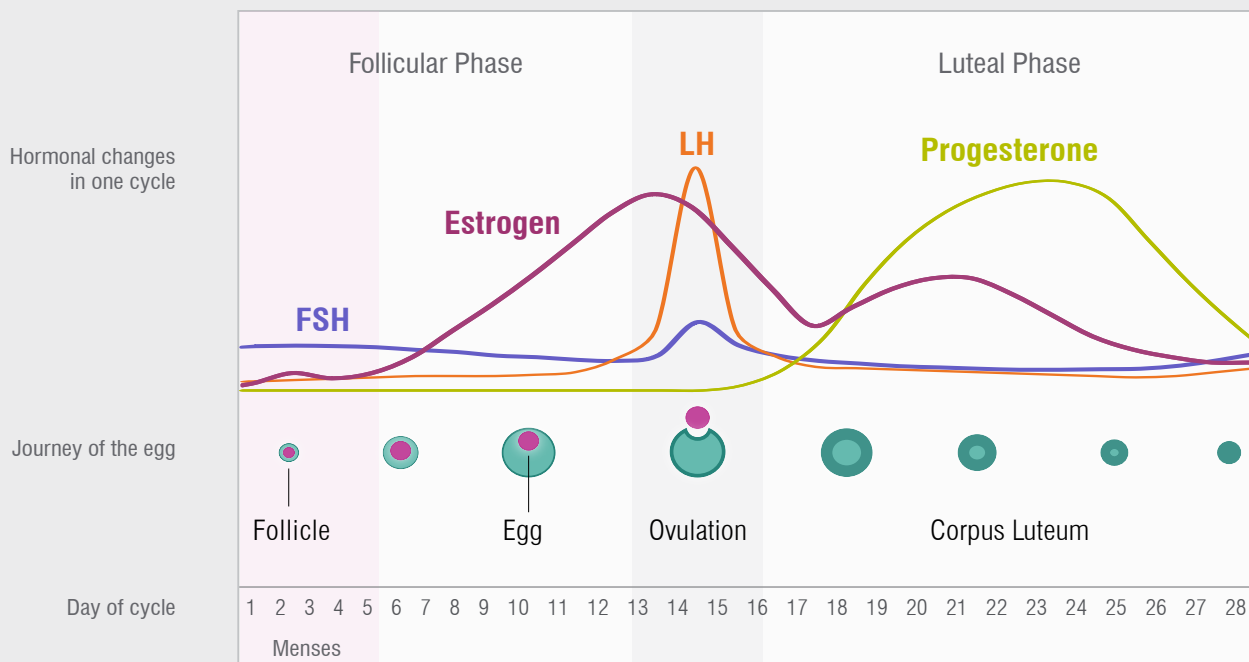
The Fertility Profile meets the initial screening requirement set by reproductive endocrinologists for fertility assessment. It tests 12 different hormones to identify treatable hormonal imbalances and point to other serious health issues that affect fertility. Early detection can help your health care provider address these issues or identify the need for more specialized care.

Samples are collected in the privacy of the patient's home on 2 different days during a cycle. LH and FSH are tested in a dried blood spot sample collected on day 3, while thyroid and sex steroid hormones are tested during the luteal (latter) phase of the cycle in a second blood spot sample collected on day 21. A saliva sample is collected at 4 time points during any day of the cycle for assessment of diurnal cortisol.



## ZRT Laboratory's Menstrual Cycle Mapping Profile

The Menstrual Cycle Mapping test is a month-long assessment of hormones that can get to the root of menstrual symptoms or help pinpoint reasons for infertility. The profile tests levels of luteinizing hormone (LH), progesterone, and estrogen with convenient dried urine collection. A first-morning urine sample is collected on a filter paper strip and dried, starting on day 7 of the menstrual cycle and continuing on alternate days thereafter until the next menstrual bleed begins, and the dried strips are mailed in to the lab at the end of the month.



This illustration is an example of a 28-day cycle. Hormonal changes and day of ovulation vary with cycle lengths.



YOUR LAB of CHOICE

# Fertility & Menstrual Cycle Mapping tests you should know...

## Low Progesterone/Luteal Phase Deficiency

The most common hormonal cause of infertility is characterized by suboptimal ovulation with progesterone levels that are lower than normal in the luteal phase. Progesterone produced by the ovaries during the second half of the menstrual cycle is essential for preparing the uterus for implantation of a fertilized egg. In some patients, ovulation and fertilization of the egg may occur normally but progesterone is not produced in sufficient amounts to sustain pregnancy.

## Thyroid Disorders

Low levels of the thyroid hormones fT3 and fT4 may prevent ovulation, which can be indicated by no periods or irregular cycles. Autoimmune thyroid issues, resulting in elevated levels of antibodies to the thyroid gland can increase the risk of miscarriages.

## High Androgens/Polycystic Ovary Syndrome (PCOS)

PCOS affects between 6% and 15% of women during their reproductive years. PCOS is a common cause of ovulation problems, weight issues, and miscarriages. Once PCOS is recognized and treated, many women are able to become pregnant.

## Cortisol Imbalance/Stress

Stress affects ovulation due to its effect on the endocrine system. High cortisol can inhibit ovulation, where low cortisol can hinder the immune changes necessary for implantation to occur. Stress may also lead to the development of endometriosis, which is found in more than 50% of women with unexplained infertility.

## Weak LH Surge/Questionable Ovulation

With menstrual cycle mapping, judge the timing of ovulation with the ability to see if the mid-cycle LH surge is too weak to induce ovulation, as well as the length of the luteal phase.

## Hormone-related Menstrual Symptoms

Premenstrual syndrome (PMS) is a range of debilitating symptoms that can include severe headaches, which may be related to cyclical estrogen and progesterone imbalances.

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