



Verisana LAB · c/o Brian Kalish · 818 N Quincy Street ·  
Unit 806 · Arlington VA 22203

Jane Smith  
Sample Street  
Anytown

**Surname,  
First name** Smith, Jane

**DOB** 01/01/1990

**Sex** female

**Laboratory #** 10000001

**Date collected** 01/01/2019

**Date received** 01/01/2019

**Report date** 01/03/2019

## Laboratory report

Enclosed you will find the results of your laboratory examination. In addition to your results you will also receive a brief summary of the correlating effects, regarding the tested parameters. These are compiled without any knowledge on the clinical background and as such, may only be used as an interpretation aid. In case of health problems, please consult a doctor or practitioner for medical treatment and accompaniment for making the best decisions for your health. We explicitly warn against beginning, suspending or changing any medication or therapy without consulting your doctor or practitioner.

**Test:** Female Hormone Health Check

**Sample material:** saliva

Analyte	Result	Reference range	Result
Cortisol (morning 0-1,5h)	6000 pg/ml	920-12900 pg/ml	
DHEA (morning value)	210,0 pg/ml	150-620 pg/ml	
Cortisol/DHEA ratio (morning)	22,7	2-85	
Estradiol	3,4 pg/ml	1st Cycle phase: 0,2-10,4 pg/ml Ovulation: 5,8-21,2 pg/ml <b>2nd Cycle phase: 0,8-10,8 pg/ml</b> Contraceptives: 0,5-2,2 pg/ml Postmenopausal: < 4,3 pg/ml Estradiol plaster (0,05mg): 0,8-2 pg/ml Oral Estradiol: 1,2-3,9 pg/ml	

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Topical Estradiol (0,5-1 mg): 2,9-35,5 pg/ml			
Progesterone	150,0 pg/ml	1st Cycle phase: 50-100 pg/mL Ovulation: 100-150 pg/ml <b>2nd Cycle phase: 100-450 pg/ml</b> Postmenopausal: 12-50 pg/ml Contraceptives: 12-50 pg/ml Synthetic HET: 12-51 pg/ml Progesterone, oral (100-300 mg): 100-500 pg/ml Progesterone creme/gel (10-30 mg): 200-3000 pg/ml	
Progesterone/Estradiol -Ratio	38,2	The progesterone/estradiol quotient is a quotient which measures the estrogen dominance. The reference refers to a progesterone/ estradiol ratio of 100:1. The quotient should be at least 100. A lower quotient indicated an estrogen dominance.	
Testosterone	150,0 pg/ml	<b>Testosterone (female): 5– 49 pg/ml</b> Testosterone creme, gel (0,3-0,5 mg): 22-86 pg/ml Contraceptives: 13-45 pg/ml	

The morning cortisol level is within the normal range. Cortisol is a stress hormone which is produced in the adrenal cortex. Stress is the strongest stimulus for the cortisol distribution. Stress hormones are chemical messengers that help the body to react to extraordinary strain. Our body can not differentiate between positive and negative stress. Stressors include heavy physical labour, competitive sports, psychological and physical stress situations, serious illnesses but also positive events such as wedding preparations, new family members or a new job. It has an anti-inflammatory effect, stimulates the fat decomposition and increases the protein turnover. The cortisol distribution is subject to daily fluctuations.

The DHEA (morning) value is within the normal range. DHEA is produced mainly in the adrenal cortex. It is a primary substance for the production of testosterone and estradiol. The DHEA level depends on the daily rhythm and age. From the age of 25 the DHEA production continually decreases.

The cortisol/DHEA quotient describes the ratio between Cortisol and DHEA and shows how capable our body is of handling stress. A low quotient means a better medical condition. With increasing age the cortisol/DHEA quotient rises. The cortisol/DHEA quotient shows a balanced ratio of the counterparts cortisol and DHEA. This suggests that the hormonal capacity of the body is sufficient to handle stress.



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The estradiol level shows a sufficient production of the hormone. Estradiol is the most effective estrogen of the estrogen hormone family and is the female fertility hormone. In the case of fertile women, it has an effect on the maturation of the egg cells and is involved in the development of the lining of the womb in the first half of the cycle. A normal menstrual cycle is followed by a typical monthly profile, with a clear increase towards the ovulation. It ensures that we are able to store fat and water and is responsible for beautiful skin and hair, it encourages collagen and bone development, controls the body temperature and helps with sleeping through the night. Estrogens keep the mucous membranes moist and give the skin elasticity and vitality.

The progesterone level is within the normal range. Progesterone is a female sex hormone which is produced shortly after ovulation by the corpus luteum, in order to prepare the womb for the embryo. If fertilisation does not take place, the progesterone value initially rises clearly, only to then fall steeply towards the ending of the cycle and evoke menstruation. Normally, woman produce more progesterone than estradiol at all times. An important task of progesterone is to balance out estradiol. Amongst other things, progesterone stimulates bone growth, has a diuretic and anti-depressive effect, normalises the androgens, has a stimulating effect on the libido and promotes the thyroid functions.

The progesterone/estradiol quotient is reduced by 38,2:1. Therefore the progesterone is decreased in relation to the estradiol. This is known as a so-called estrogen dominance. An estrogen dominance does not necessarily mean an excess of estrogen or progesterone. It describes an imbalance between estrogen and its counterpart progesterone. The body reacts as though too much estrogen is present. This can even be the case with an estrogen deficiency, as the relative ratio between the two is decisive. The progesterone/estradiol quotient can also be helpful by indications for a relative estrogen dominance, if the progesterone and estrogen values are within the normal range. Hint: With the presently existing standard values, a progesterone/estradiol ratio of 100:1 is rarely achievable. The current standard range has probably not been estimated high enough. The calculation of the quotient was done in the unit mol.

The testosterone level is increased. Testosterone is the most important male sex hormone which is also produced in women, in the ovaries and the adrenal cortex. Testosterone is the counterpart from cortisol and estradiol. An increase in the testosterone level has a general masculinising effect in women and enhances the sexual drive. Symptoms that often accompany increased testosterone values include an enlargement of the sebaceous glands of the skin (acne), hair becoming quickly greasy, increased hair growth in the facial and pubic regions with a consequent loss of hair on the head, aggressive behaviour and increased body hair.



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Yours sincerely  
Your laboratory team