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Surname, First name Mustermann, Monika

DOB 01-12-1970

Sex female

Lab number 1-4319

Report date 14-10-2021

Laboratory report

Enclosed you will find the results of your laboratory examination. In addition to your results, you will also receive a 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: Menopause Hormone Check

Sample material: Saliva **Date collected:** 06-10-2021

Date received: 08-10-2021

Analyte	Result	Reference Range	Result
Sex Hormones			
Testosterone	80 pg/ml	5-49 pg/ml	
Progesterone	50 pg/ml	5-58 pg/ml	
		1st Cycle phase: 30-51 pg/ml Mid-cycle: 100-150 pg/ml 2nd Cycle phase: 87-544 pg/ml Postmenopausal: 21-69 pg/ml Higher values under substitution	
Oestradiol	1,70 pg/ml	0,4-3,3 pg/ml	
		1st Cycle phase: 0,8-7,7pg/ml Mid-cycle: 3,4-14,3pg/ml 2nd Cycle phase: 1,1-7,8pg/ml Postmenopausal: 0,3-4,3 pg/ml Higher values under substitution	
Oestriol	87,0 pg/ml	2-10,4 pg/ml	
		Premenopausal: 2,1-13,3 pg/ml Postmenopausal: 2,5-17 pg/ml Higher values under substitution	

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Stress Hormones			
DHEA (morning)	136 pg/ml	68-397 pg/ml	 <p><40 years: 101-687 pg/ml 40+ years: 68-397 pg/ml Higher values under substitution</p>
Hormone Ratios			
Pg/E2	25,3 :1	30-200 :1	 <p>Premenopausal: 100-200:1 Postmenopausal: 60-200:1</p>

Testosterone

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 oestradiol. An increase in the testosterone level has a general masculinizing 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 behavior and increased body hair.

Progesterone

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 fertilization 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 always produce more progesterone than oestradiol. An important task of progesterone is to balance out oestradiol. Amongst other things, progesterone stimulates bone growth, has a diuretic and anti-depressive effect, normalizes the androgens, has a stimulating effect on the libido, and promotes the thyroid functions.

Oestradiol

The oestradiol level shows a sufficient production of the hormone. oestradiol is the most effective oestrogen of the oestrogen hormone family and is the female fertility hormone. In the case of fertile women, it influences 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. Oestrogens keep the mucous membranes moist and give the skin elasticity and vitality.

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Oestriol

Oestriol is a female sex hormone which is produced in the liver from oestrone, a by-product of the oestrogen metabolism. Oestriol has a low metabolic activity and is the least damaging oestrogen. It influences the function and growth of the female genitals as well as the bone development. Oestriol is responsible for the preservation of all mucous membranes in women. Symptoms for decreased values include dry mucous membranes, problems with urination, frequent urinary tract infections, dry skin. Increased values can, for example, be measured during a hormone therapy.

DHEA (morning)

The DHEA levels are within the normal range. DHEA is produced mainly in the adrenal glands. It functions as a precursor to male and female sex hormones, including testosterone and oestrogen. DHEA may also have other roles, for example, as a neurosteroid. Most of its effects are unclear. However, it is known that DHEA plays an important role as a cortisol antagonist. Cortisol and DHEA have opposing actions e.g. on stress balance and immune function. The DHEA levels depend on the daily rhythm and age. DHEA decreases by up to 80 % between the ages of 25 and 75.

Pg/E2

The progesterone/oestradiol quotient is reduced. Therefore, the progesterone is decreased in relation to the oestradiol. This is known as a so-called oestrogen dominance. An oestrogen dominance does not necessarily mean an excess of oestrogen or progesterone. It describes an imbalance between oestrogen and its counterpart progesterone. The body reacts as though too much oestrogen is present. This can even be the case with an oestrogen deficiency, as the relative ratio between the two is decisive. The progesterone/oestradiol quotient can also be helpful by indications for a relative oestrogen dominance if the progesterone and oestrogen values are within the normal range (above 100:1). Please note, that the Pg/E2 ratio might be lower in postmenopausal women (as low as 60:1) without occurring symptoms.

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