



Verisana LAB · Suite LP22190 · Lower Ground Floor ·  
145-157 St John Street · London · EC1V 4PW

Jane Smith  
Sample Street  
Anytown

**Surname,  
First name** Smith, Jane

**DOB** 01-01-1990

**Sex** female

**Laboratory #** 10000002

**Date collected** 01-01-2019

**Date received** 01-01-2019


**Report date** 03-01-2019

## 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:** Estrogen Dominance

**Sample material:** saliva

Analyte	Result	Reference range	Result
Estradiol	3,4 pg/ml	1st Cycle phase: 0,2-10,4 pg/ml Ovulation: 5,8-21,2 pg/ml 2nd Cycle phase: 0,8-10,8 pg/ml <b>Contraceptives: 0,5-2,2 pg/ml</b> Postmenopausal: < 4,3 pg/ml Estradiol plaster (0,05mg): 0,8-2 pg/ml Oral Estradiol: 1,2-3,9 pg/ml Topical Estradiol (0,5-1 mg): 2,9-35,5 pg/ml	

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Analyte	Result	Reference range	Result
Progesterone	150,0 pg/ml	1st Cycle phase: 50-100 pg/mL Ovulation: 100-150 pg/ml 2nd Cycle phase: 100-450 pg/ml Postmenopausal: 12-50 pg/ml <b>Contraceptives: 12-50 pg/ml</b> 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.	

The estradiol level is increased. 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. A rise in the estradiol values is often accompanied by symptoms such as sensitive breasts and water retention.

The progesterone level is increased. An increased concentration of progesterone can, for example, be measured during a progesterone therapy. Increased values can, during a progesterone therapy, lead to drowsiness, a slight dizziness, constipation, increased cortisol levels or symptoms of a progesterone deficiency (water retention, depressive moods, sensitive breasts).

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.