



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 01-01-1970

Sex female

Laboratory # 10000004

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: Menopause Hormone Check

Sample material: saliva

Analyte	Result	Reference range	Result
DHEA (morning value)	210,0 pg/ml	150-620 pg/ml	
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 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 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 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	Testosterone (female): 5– 49 pg/ml Testosterone creme, gel (0,3-0,5 mg): 22-86 pg/ml Contraceptives: 13-45 pg/ml	
Estriol	4,3 pg/ml	Postmenopausal: 2,7-17 pg/ml Premenopausal: 2,1-13,3 pg/ml	

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 age-appropriate estradiol level shows a normal (post-)menopausal hormone constellation. Estradiol 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 reduced. A reduction of the concentration of progesterone is caused by cycle disorders (for example due to a corpus luteum insufficiency or due to a missed ovulation) or an underdevelopment of the ovaries (hypogonadism). Decreased values can cause symptoms such as water retention, depressive moods, sensitive breasts, cysts and myomas, anxiety, nervousness, painful menstruation or thyroid dysfunction.

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



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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.

Estriol is a female sex hormone which is produced in the liver from estrone, a by-product of the estrogen metabolism. Estriol has a low metabolical activity and is the least damaging estrogen. It influences the function and growth of the female genitals as well as the bone development. Estriol is responsible for the preservation of all mucous membranes in women.

Yours sincerely
Your laboratory team