



TEST PATIENT

GUa d'Y'HYghBUa Y
 Sex : :
 DUHY Collected : 00-00-0000
 111 H9GH ROAD TEST SUBURB
 @AB =8: 0000000 UR#:0000000

TEST PHYSICIAN

DR JOHN DOE
 111 CLINIC STF 99H
 7@B=7'GI 6I F 6'J =7'' \$\$\$

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ENDOCRINOLOGY SALIVA

SALIVA	Result	Range	Units	
Cortisol Morning	8.10	6.00 - 42.00	nmol/L	
Cortisol Noon	4.40	2.00 - 11.00	nmol/L	
Cortisol Afternoon	3.40	2.00 - 11.00	nmol/L	
Cortisol Night	1.30	1.00 - 5.00	nmol/L	

Saliva Hormone Comments

SALIVARY HORMONE REFERENCE RANGES: (NOT ON HRT - BASELINE)

	E2	E1	E3	Progesterone	DHEAS
FEMALE					
Follicular	<18	9.6-20	15-29	<318	
Mid-Cycle	11-29	9.6-20	15-29	-	
Luteal	<18	9.6-20	15-29	318-1590	
Post Men.	<6	9.6-20	1-41	<159	<6.5
Premenopausal, no oral contraceptives					2.5-25.0
Premenopausal, with oral contraceptives					2.0-8.0
MALE	<6	9.6-20	16-25	<159	5.0-30.0

TARGET REFERENCE RANGES: (ON HRT - 24hr post last dose)

	E2	E1	E3	Progesterone	Testosterone Age Dpndt
Oral	7-73	-	69-139	318-1590	
Patch	4-18	-	-	-	
Cream/Gel	37-184	-	1040-1734	3180-31797	F: 277-867 M: 347-1734

LOW MORNING SALIVA CORTISOL LEVEL:

Saliva cortisol level is below the mean range and suggests possible adrenal insufficiency. This also suggests a degree of adrenal hypofunction, maladaptation/abnormal pacing with abnormal HPA. If all four cortisol readings are also low, suspect adrenal fatigue. Suggest supplementation with DHEA and standard adrenal support. In this instance if the Cortisol level does not improve, suggest using Cortisol Acetate/Hydrocortisone supplementation for short interval. Cortisone acetate has a half life of only 4-6 hours. Suggest doses of 20mg in the AM, 10mg midday and 10mg afternoon for a period of up to 3 months and then review levels.