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Asheville, NC 28801
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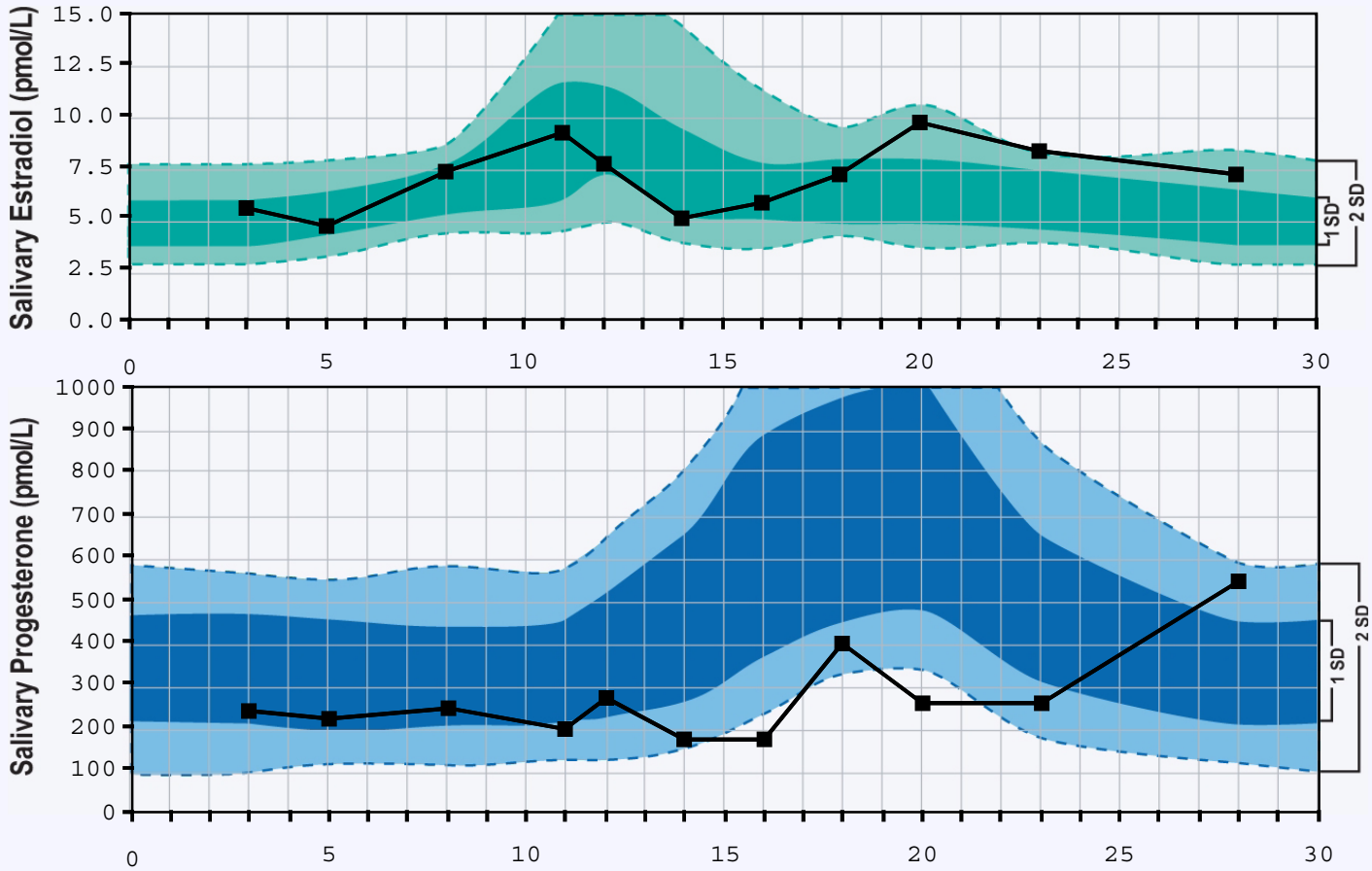
Patient: **SAMPLE PATIENT**
Age: 27
Sex: F
MRN:

Order Number:
Completed: January 08, 2008
Received: January 03, 2008
Collected: December 26, 2007

Salivary Estradiol & Progesterone Activity plus Testosterone Level



Day of Cycle	3	5	8	11	12	14	16	18	20	23	28	Avg.
Estradiol	5.4	4.5	7.2	9.1	7.6	4.9	5.6	7.1	9.6	8.2	7.1	6.9
Progesterone	236	214	239	190	265	166	168	395	256	251	540	265
P/E2 Ratio	44	48	33	21	35	34	30	56	27	31	76	40

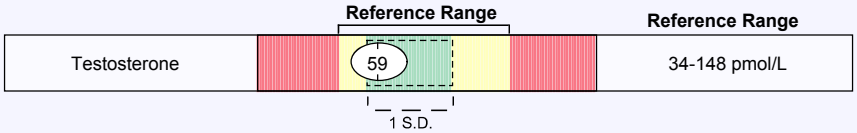
Estradiol	**Ref Range**
Follicular:	2.8 - 8.8 pmol/L
Peak*:	4.5 - 19.1 pmol/L
Luteal:	2.8 - 8.2 pmol/L
Menopausal:	3.7 - 9.4 pmol/L
Male:	3.1 - 7.4 pmol/L

* Peak = Days 11 and 12

Progesterone	**Ref Range**
Follicular:	120 - 593 pmol/L
Peak*:	328 - 1385 pmol/L
Luteal:	145 - 797 pmol/L
Menopausal:	163 - 669 pmol/L
Male:	141 - 529 pmol/L

* Peak = Days 18 and 20

P/E2 Ratio	**Ref Range**
Follicular:	23 - 159
Luteal:	25 - 141
Menopausal:	33 - 116



Testosterone	**Ref Range**
Premenopausal:	34 - 148 pmol/L
Menopausal:	34 - 148 pmol/L
Male:	110 - 513 pmol/L

Commentary

Reference ranges are based on morning collection.

The Reference Range for each day is a statistical interval representing 95% or 2 Standard Deviations (2 S.D.) of the reference population. One Standard Deviation (1 S.D.) is a statistical interval representing 68% of the reference population. Values between 1 and 2 S.D. are not necessarily abnormal. Clinical correlation is suggested.

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ◆ as cleared by the U.S. Food and Drug Administration, assays are For Research Use Only.

Commentary is provided to the practitioner for educational purposes, and should not be interpreted as diagnostic or treatment recommendations. Diagnosis and treatment decisions are the responsibility of the practitioner.

The first half of the menstrual cycle (Follicular Phase) culminates in an Estradiol peak between Days 10-14 (in a 'perfect' 28 day cycle - counting from first day of last menses). The second half of a 28-day menstrual cycle (Luteal Phase) should demonstrate a Progesterone peak between Days 18-22, which coincides with a smaller Estradiol rise. Alterations in this normal hormonal cycling may be indicative of anovulation or luteal phase defects, which may be associated with menstrual bleeding problems. Finally, menstrual cycle lengths often vary from 24-35 days. While the follicular phase may vary in duration, the luteal phase is relatively fixed at 14 days.

Excess luteal estradiol: Higher than usual levels of estradiol show on one or more occasions in the luteal phase of the cycle. This may be due to decreased hepatic clearance of estrogen, high body mass index, hypothyroidism, or current or recent use of transdermal estradiol. High estradiol may contribute to disorders such as PMS, dysmenorrhea, certain types of seizure activity, or dysfunctional uterine bleeding.

Testosterone is within the expected range for this patient's age. Normal levels of this hormone are important for libido, maintaining lean body mass and bone density.

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