

Patient Name SAMPLE

Patient Date of Birth dd/mm/yyyy

Test Analysis SAMPLE

Date Completed

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PATIENT FIRST NAME :

PATIENT SURNAME:

DATE OF BIRTH:

GENDER:

ADDRESS:

ENDOCRINOLOGY SALIVA										
SALIVA Testosterone Profile	Result	Range	Units							
Testosterone.	398.0	100.0 - 720.0	pmol/L							



 TEST PATIENT
 TEST PHYSICIAN

 GUa d'Y'HYgh'BUa Y
 DR JOHN DOE

 Sex ::
 111 CLINIC STF 99H

 DUHY Collected : 00-00-0000
 7@-B =7 GI 6I F 6 J =7 '' \$\$\$

 111 H9GH'ROAD TEST SUBURB
 @AB =8: 00000000 UR#:0000000

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Saliva Hormone Comments

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

!		E2	1	E1		E3		Progesterone	DHEAS
 FEMALE Follicular Mid-Cycle Luteal Post Men. Premenopaus Premenopaus					-		 	<318 _ 318-1590 <159	 <6.5 2.5-25.0 2.0-8.0
 MALE	 	<6	1	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	Ι
 Oral	1	7-73	1	-	·	69-139	1	318-1590	1		Ι
Patch		4-18	I I	-	1	-		-	T		
Cream/Gel	I	37-184	I.	-	I	1040-1734	I	3180-31797	F:	277-867	
1									M:	347-1734	

SALIVA ESTRONE (E1) is produced primarily from androstenedione originating from the gonads or the adrenal cortex. In premenopausal women, more than 50% of the E1 is secreted by the ovaries. In prepubertal children, men and non-supplemented postmenopausal women, the major portion of E1 is derived from peripheral tissue conversion of androstenedione. Interconversion of E1 and E2 also occurs in peripheral tissue. Bioassay data indicate that the estrogenic action is much less than E2. E1 is a primary estrogenic component of several pharmaceutical preparations, including those containing conjugated and esterified estrogens. In premenopausal women E1 levels generally parallel those of E2. After menopause E1 levels increase, possibly due to increased conversion of androstenedione to E1.

SALIVA E1 level is within range for a male, indicating minimal aromatisation of androgens to E1.

ELEVATED E2 LEVEL: Saliva E2 level is elevated for a male and suggestive of aromatisation of androgens to estrogens. Suggest using 5% transdermal Chrysin and / or 50mg Zinc. The use of Arimidex 1/2 tablet every second day may also be considered if the E2 level does not decrease adequately.

SALIVA DHEAs level is adequate and within range. SALIVA FREE TESTOSTERONE level is adequate and within range.