

Patient Name

SAMPLE

Patient Date of Birth

dd/mm/yyyy

Test Analysis

SAMPLE

Date Completed



Disclaimer

Please note we do not provide medical advice or services. If you have health disorders, medical conditions, or any condition needing medical supervision you should consult your doctor or medical professional. All products and services are provided for educational purposes and research purposes only and are not intended to be a substitute for a proper medical consultation; and the site, services, products and materials may support the relationship between you and your healthcare provider, but are not intended to replace it. They should not be used as a substitute for professional diagnosis and treatment. If you suffer from any health condition you must consult your doctor or medical professional. We do not recommend self-diagnosis or self-medication, and no information within our site or presented by us or our associates may be construed or interpreted as recommending self-diagnosis or self-medication.



PATIENT FIRST NAME :

PATIENT SURNAME:

DATE OF BIRTH:

GENDER:

ADDRESS:

Female Hormone Screen

	Result	Range	Units	
Female Hormone Profile-Basic				
Progesterone (P4)	586.0		pmol/L	
DHEAS.	14.4	2.5 - 25.0	nmol/L	
Testosterone.	40.0	25.0 - 190.0	pmol/L	
Estradiol (E2)	16.0		pmol/L	
Estrone (E1)	14.0	9.6 - 20.0	pg/mL	
Estriol (E3)	12.0	0.0 - 29.0	pg/mL	
E3/[E2+E1]	0.40 *L	> 1.00	RATIO	
P4/E2 Ratio (Saliva)	36.6	4.0 - 108.0	RATIO	

(*) Result outside normal reference range

(L) Result is below lower limit of reference range