

Diagnos-Techs, Inc.

Clinical & Research Laboratory
PO BOX 389662, Tukwila, WA 98138-0662
Tel: (425) 251-0596
CLIA License # 50D0630141

Accession #

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USA

Received : 05/03/2012
Completed: 05/07/20
Reported : _____

Results For:
F

Age:53 Sex:Female Dx Code:Not Provided

Patient's Tel:
Specimen Collected:04/29/2012

Test	Description	Result	Ref Values
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NLASI CUSTOM ASI

TAP Free Cortisol Rhythm

06:00 - 08:00 AM	21	Normal	13-24 nM
11:00 - 1:00 PM	21	Elevated	5-10 nM
04:00 - 05:00 PM	15	Elevated	3-8 nM
10:00 - Midnight	38	Elevated	1-4 nM

Cortisol Load: 95 23 - 42 nM

The cortisol load reflects the area under the cortisol curve. This is an indicator of overall cortisol exposure, where high values favor a catabolic state, and low values are sign of adrenal deterioration.

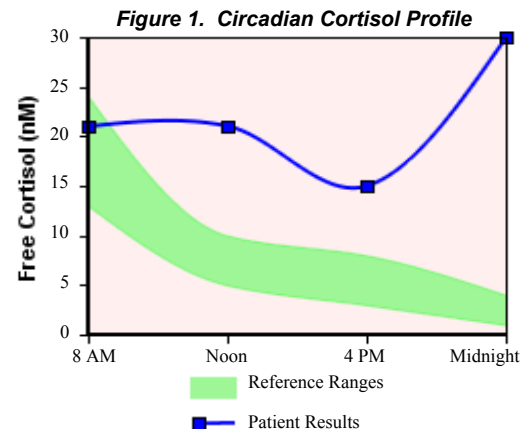


Figure 2.

The Cortisol release inducers fall into 4 broad categories shown in the adjacent flowchart. Long term adrenal axis maintenance and restoration, require optimization of all the cortisol inducers.

Remarks: An elevated morning/night free cortisol value may be associated with insomnia, and caused by a stress response to an emotional or mental situation, nocturnal hypoglycemia or chronic pain and overt/hidden inflammation.

What Next?

- Consider appropriate dietary modifications and glycemic control that include an insulin friendly carbohydrate-to-protein balance.
- Consider initiating a mild to moderate aerobic exercise program.
- The literature reports ACTH pulse height is attenuated by use of Phosphorylated serine supplement within 1 - 2 hours of time(s) of high cortisol.
- Consider the palliative use of a natural or pharmaceutical anti-histamine or anti-inflammatory.
- Consider balancing the sympathetic/parasympathetic systems using established techniques, examples: meditation and Tai Chi or heart rate variability coherence (Freeze Framing).
- If above changes do not yield the desired clinical and follow up test results, look for low grade or hidden inflammation and infections. Examples food intolerances, chronic gastrointestinal and other infections.

The Inducers of Cortisol Release

Inducers below must be individually examined for successful restoration of adrenals.

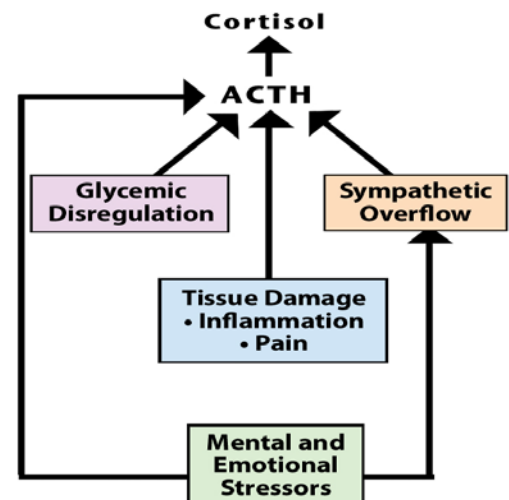
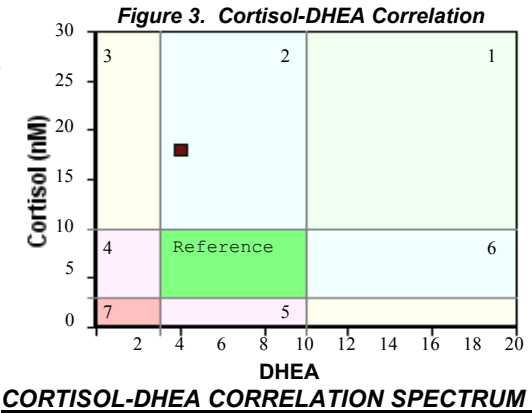


Figure 2.

Test	Description	Result	Ref Values
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DHEA Dehydroepiandrosterone Free [DHEA + DHEA-S]
Pooled Value 4 Normal Adults (M/F): 3-10 ng/ml

Figure 3 shows your cortisol-DHEA correlation was in:
➡ **Zone 2 - Adapted with DHEA slump**
This zone represents an elevated cortisol stress response coupled with a normal DHEA level. The lack of DHEA elevation is due to a stress-induced diversion of its steroid precursor (Pregnenolone) towards cortisol production. This relative DHEA deficit is pro-catabolic, and without restorative measures, will become an overt DHEA deficiency.



COURTESY INTERPRETATION of test and technical support are available upon request, to Physicians Only

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Results For:

Age: 53

Gender: Female
Patient's Tel:

Specimen Collected: 04/29/2012

Code	Test Name	Result / Notes	Reference Values/Key
MB2S	Total Salivary SIgA	<5 Depressed 1. Secretory IgA (SIgA) is secreted by the various mucosal surfaces. It is mostly a dimeric molecule. Less than 2% of Saliva is of serum origin. The secretory component of SIgA stabilizes it against enzymatic and bacterial degradation. 2. The main functions of SIgA include Immune Exclusion, Viral and Toxin Neutralization, Plasmid Elimination, and Inhibition of Bacterial Colonization. SIgA immune complexes are not inflammatory to the mucosal surfaces.	<i>Normal: 25-60 mg/dl</i> <i>Borderline: 20-25 mg/dl</i>
P17-OH	17-OH Progesterone	113 Borderline	<i>Adults</i> <i>Optimal: 22-100 pg/ml</i> <i>Borderline: 101-130 pg/ml</i> <i>Elevated: >130 pg/ml</i>
CORT	Free Cortisol	12:40am 4/29: 28 02:31am 4/29: 34	<i>07:00 - 08:00 AM: 13-24 nM</i> <i>11:00 - 12:00 AM: 5-10 nM</i> <i>04:00 - 05:00 PM: 3-8 nM</i> <i>11:00 - 11:59 PM: 1-4 nM</i>

Diagnosis Code: Not Provided To The Lab.

Please Note: All examples of patient treatment or therapy are for illustrative and/or educational purpose. Use this report in context of the clinical picture and patient history before initiating hormone or other therapies or recommendations.