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TEST PATIENT

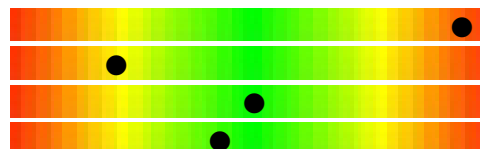
GUa d'Y'HYgh'BUa Y
Sex : :
DUHY Collected : 00-00-0000
111 H9GH'ROAD TEST SUBURB
@AB =8: 00000000 UR#:0000000

TEST PHYSICIAN

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

MICRO SAMPLE ASSAYS

BLOOD SPOT	Result	Range	Units
Estradiol, BS	49.0		pmol/L
Progesterone, BS	3.5		nmol/L
Testosterone, BS	45.4 *H	9.7 - 38.2	nmol/L
Sex Hormone Binding Globulin, BS	15.0	13.0 - 71.0	nmol/L
Cortisol AM, BS	436.1	200.0 - 700.0	nmol/L
DHEAS, BS	7.0	2.2 - 15.0	umol/L



Micro Sample Hormone Comments

Estradiol Reference Range Male: 37 - 184 pmol/L.

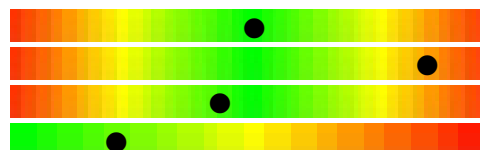
PROGESTERONE RANGES:

Female follicular phase : 1.0 - 7.0 nmol/L
Female luteal phase : 5.0 - 95.0 nmol/L
Female post-menopause : < 1.5 nmol/L
Male: 0.7 - 4.3 nmol/L

Progesterone sample taken on day 21 of the menstrual cycle is useful for the assessment of ovulation. A level > 20nmol/L is usually indicative of normal corpus luteum function.

Essential Thyroid Profile

TSH, BS	3.0	0.5 - 5.0	mIU/mL
FT4, BS	21.9 *H	11.0 - 21.0	pmol/L
FT3, BS	4.1	3.0 - 6.0	pmol/L
TPO Antibody, BS	24.0	< 35.0	IU/mL



(*) Result outside normal reference range

(H) Result is above upper limit of reference rang



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Micro Sample Thyroid Comments

There are differing views regarding reference ranges of TSH. New reference ranges using populations without thyroid disease suggest that the optimal TSH range for thyroid function should be 0.5-2.0mIU/L. However it should be noted that this laboratory shall continue to report a normal reference range of 0.5 - 5.0 mIU/L.

FREE T4 and FREE T3

Free T4 and T3 represent bioactive portion of thyroid hormone. The test results can identify functional or subclinical hyper- and hypothyroidism and overt hypo- and hyperthyroidism. T4 converts to active T3 or inactive rT3.

THYROID ANTIBODIES COMMENTS:

Thyroglobulin Antibodies (ATG Ab)

Thyroglobulin is a large protein from which the thyroid hormones T3 and T4 are produced.

Thyroid Peroxide Antibodies (TPO Ab)

Thyroid peroxidase (TPO) is responsible for the iodination of tyrosine residues in the thyroglobulin molecule.

LOW Titres No treatment required.

HIGH Titres Interpretation:

Elevated levels of thyroid antibodies may inhibit the function of TSH or T4
Elevated thyroid antibodies may therefore lead to symptoms of either hypothyroidism or hyperthyroidism, even if levels of TSH, T4 & T3 are optimal.

Treatment Considerations:

Selenium and omega 3 supplementation
Antioxidant supplementation
A gluten free and/or dairy free diet
Nutrients that support the immune system
Assess patient for celiac disease
Assess and treat leaky gut
Assess and treat liver detoxification
Assess and treat heavy metal levels
Assess and treat food sensitivities & allergies
Supplement with low dose cortisol (Hydrocortisone) and/or DHEA daily.

Anti-Thyroid Peroxidase antibody (anti-TPO Ab, also known as anti-microsomal Ab) is elevated in autoimmune thyroid disease and post partum thyroiditis.

Anti-Tg (anti-Thyroglobulin Abs) are elevated less frequently than anti-TPO in auto-immune thyroid disease, but there are some cases which are anti-TPO negative and anti-TG positive.

Incidence of thyroid Abs	a-TPO	a-TG
Hashimoto's thyroiditis	>95%	85%
Graves' disease	>80%	30%
Post-partum thyroiditis	>80%	N/A
Normal population	<10%	10%