DEMO DEMO

Name: DEMO DEMO
Date of Birth: 00-00-0000
Biological Sex: Male
Age: 41
Height:
Weight:
Fasting:

Telephone: 000-000-0000
Street Address:
Email:

PARTIAL REPORT

Accession ID: 2189729588

Provider Information

Practice Name: DEMO CLIENT, MD
Provider Name: DEMO CLIENT, MD
Phlebotomist: 0

Telephone: 000-000-0000
Address: 3521 Leonard Ct, Santa Clara, CA 95054

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Urine 1st Morning	Local 2026-09-28 09:16	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Urine 2nd Morning	Local 2026-09-28 11:30	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Urine Evening	Local 2026-09-28 17:30	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Urine Night	Local 2026-09-28 23:16	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Saliva Waking	Local 2026-09-28 09:18	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Saliva Night	Local 2026-09-28 23:18	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Saliva Evening	Local 2026-09-28 17:30	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Saliva Waking +30	Local 2026-09-28 09:50	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT
Saliva Waking +60	Local 2026-09-28 10:19	2026-10-01 13:12 (PST)	Hormone Baseline - P2	PARTIAL REPORT

SAMPLE

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VIBRANT

YOUR HORMONE HEALTH REPORT

Hormone Baseline

01 ANDROGEN — PG 6
Overview of your test results

02 ESTROGEN — PG 7

03 PROGESTERONE — PG 8

04 ADRENAL — PG 9

05 OXIDATIVE, BONE & SLEEP — PG 10

06 ADVANCED INSIGHTS — PG 15

SAMPLE

GENERATED ON
NOV 8, 2026

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PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

Hormone Baseline - SUMMARY

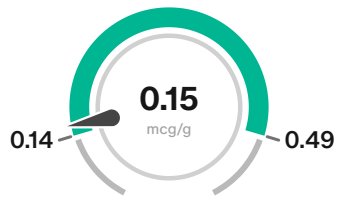
Optimal Range Out of Range

ESTROGEN PRODUCTION

Estrone (E1)



Estradiol (E2)



ESTROGEN METABOLISM

2-OH / 16-OH-E1 Balance

16-OH-E1 — 2-OH-E1
1.31

2-OH / 4-OH-E1 Balance

4-OH-E1 — 2-OH-E1
3.7

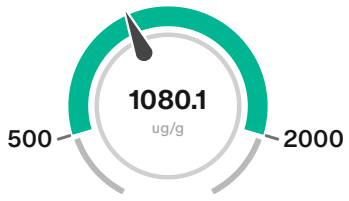
Phase 1 Metabolism Phase 2 Methylation

Methylation Activity

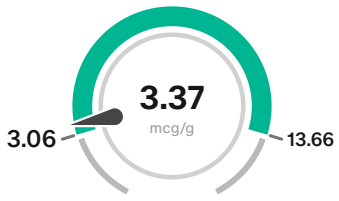
Low — High
0.30

ANDROGEN PRODUCTION

Total DHEA Production



Testosterone



DHEA-S + Etiocholanolone + Androsterone

ANDROGEN METABOLISM

5α-Androstanediol



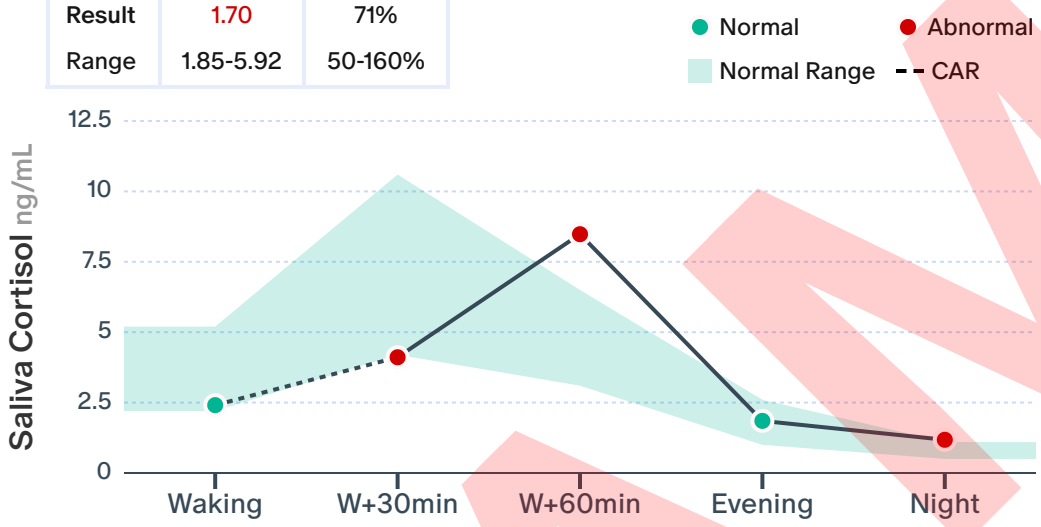
Cellular DHT Production

5a-Metabolism (Androgens)

Low (5b) — High (5a)
>10

FREE CORTISOL WITH CORTISOL AWAKENING RESPONSE

	CAR(ng/ml)	CAR %
Result	1.70	71%
Range	1.85-5.92	50-160%



CORTISOL METABOLISM

Cortisol Clearance Rate

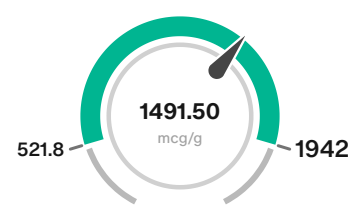
Low — High
50.00

Saliva Cortisol Total



Sum of S1-5

Metabolized Cortisol



Total Cortisol Production (THF + THE)

BONE & TISSUE TURNOVER

Deoxypyridinoline (DPD)

In Range

Pyridinoline (PYD)

In Range

MELATONIN & SLEEP

Melatonin (1st Morning)

In Range

SAMPLE

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PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

Hormone Baseline - SUMMARY

SEX HORMONE-URINE

Androgens

5α-Metabolism (Androgens)
Low(5β) High(5α)
>10

Pregnenolone

Total DHEA Production
1080.1 ug/g (500 – 2000)

DHEA-S
85.36 mcg/g (20.69 – 142.2)

Androstenedione

5β

5α

Etiocholanolone
448.70 mcg/g (265.3 – 775.1)

Testosterone
3.37 mcg/g (3.06 – 13.66)

Androsterone
546.03 mcg/g (341.1 – 739.8)

aromatase

5β

5α

5β-DHT

5α-DHT
1.82 mcg/g (0.78 – 2.69)

5β-Androstanediol
34.00 mcg/g (17.98 – 59.11)

5α-Androstanediol
16.20 mcg/g (9.66 – 28.59)

Primary Estrogens

Estrone (E1)
0.22 mcg/g (0.6 – 1.71)

17b-HSD

Estradiol (E2)
0.15 mcg/g (0.14 – 0.49)

CYP3A4

Estriol (E3)
0.58 mcg/g (0.2 – 0.65)

Phase 1 Estrogen Metabolism

CYP1A1

CYP1B1

CYP3A4

2-OH-E1
0.44 mcg/g (0.18 – 0.52)

4-OH-E1
0.12 mcg/g (0.05 – 0.12)

Quinone (Reactive)

16-OH-E1
0.45 mcg/g (0.05 – 0.26)

2-OH/4-OH-E1 Balance
4-OH-E1 2-OH-E1
3.7

2-OH/16-OH-E1 Balance
16-OH-E1 2-OH-E1
1.31

COMT Methylation

Phase 2 Estrogen Metabolism

2-MeO-E1
0.13 mcg/g (0.06 – 0.18)

4-MeO-E1
0.03 mcg/g (0 – 0.05)

8-OHdG
18.47 mcg/g (0 – 4.77)

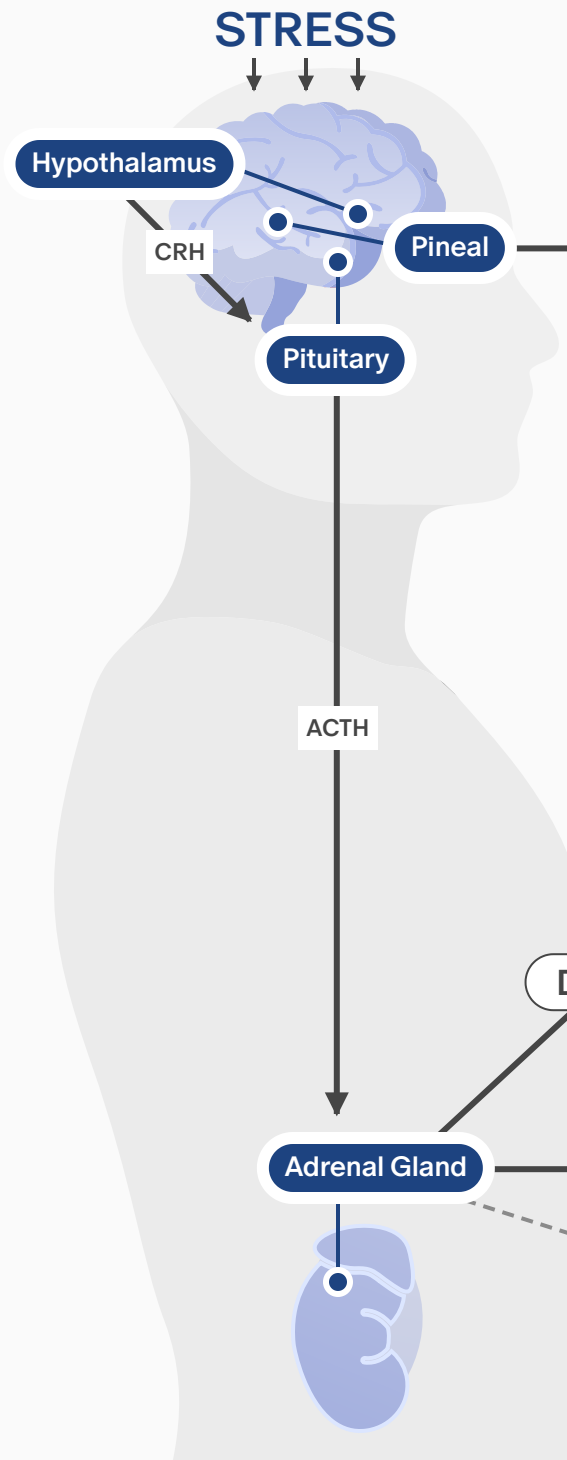
Methylation Activity
Low High
0.30

SAMPLE

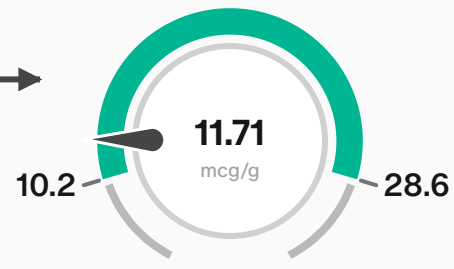
PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

HormoneBaseline - SUMMARY

ADRENAL HORMONE - SALIVA



Stress causes brain to release ACTH, which stimulates the adrenal glands to make hormones including DHEA and Cortisol.



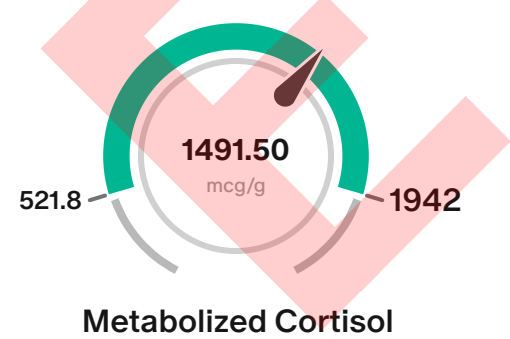
Melatonin - Awaking

6-OHMelatonin-Sulfate



Total DHEA Production

DHEA-S + Etiocholanolone + Androsterone



Metabolized Cortisol

Total Cortisol Production (THF + THE)

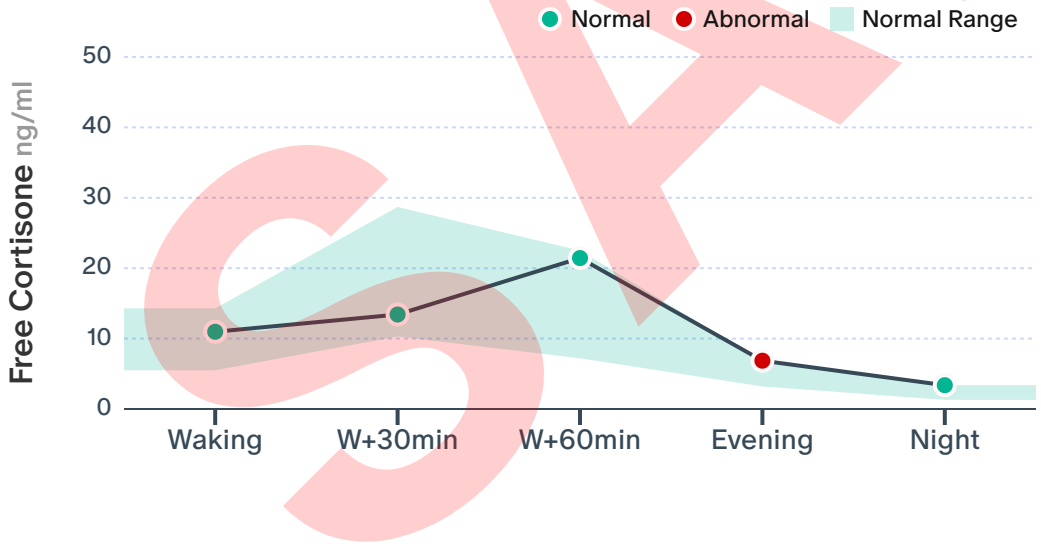
Cortisol Clearance Rate

THF + THE / Cortisol + Cortisone

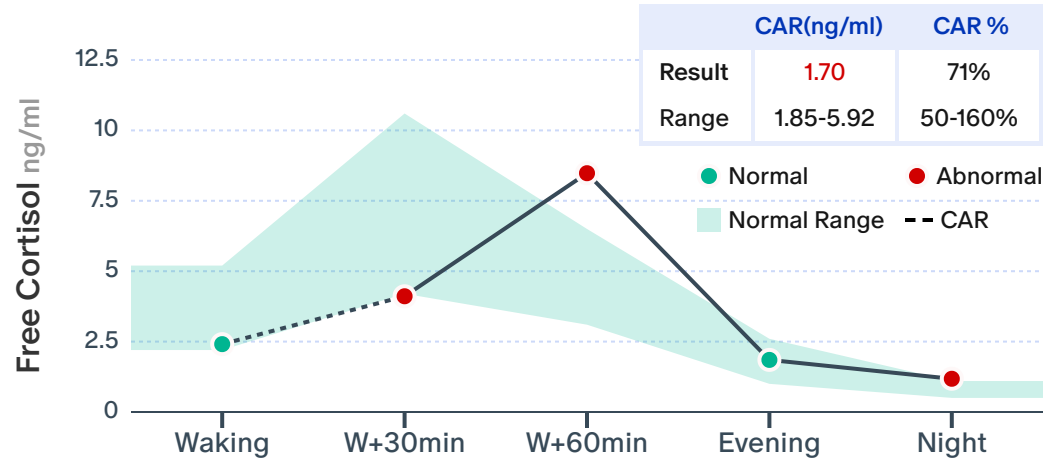
Low — High

50.00

SALIVA FREE CORTISONE PATTERN



SALIVA FREE CORTISOL PATTERN





Saliva Cortisone Total

Cortisone and Cortisol Interconvert (11β-HSD)



Saliva Cortisol Total

SAMPLE

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PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

Hormone Baseline - RESULTS

ANDROGEN

Production

TEST	RESULTS	REF.
DHEA-S	85.36 mcg/g	20.68 – 142.22
Total DHEA Production	1080.1 ug/g	499.9 – 2000
Testosterone	3.37 mcg/g	3.05 – 13.66
Androstene-dione	5.22 mcg/g	2.04 – 9.57

Metabolism

TEST	RESULTS	REF.
Epi-Testosterone	3.99 mcg/g	3.65 – 9.05
Testosterone / Epi-Testosterone	0.84	0.95 – 2.32
Androsterone	546.03 mcg/g	341.09 – 739.8
Etiocholano-lone	448.70 mcg/g	265.29 – 775.1
5α-Metabolism (Androsterone / Etiocholano-lone)	>10 %	0.43 – 2.79
5α-DHT	1.82 mcg/g	0.77 – 2.69
5α-Androsta-nediol	16.20 mcg/g	9.65 – 28.59
5β-Androsta-nediol	34.00 mcg/g	17.97 – 59.11
5α-Metabolism (5α-Androsta-nediol / 5β-Androstanediol)	>10 %	0.15 – 1.6

SAMPLE

PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

HormoneBaseline - RESULTS

ESTROGEN

Production

TEST	RESULTS	REF.
Estradiol (E2)	0.15 mcg/g	0.13 – 0.49
Estrone (E1)	0.22 mcg/g	0.59 – 1.71
Estriol (E3)	0.58 mcg/g	0.19 – 0.65
Total Estrogen	2.49 mcg/g	1.37 – 4.29
E3 / (E1 + E2) Ratio	1.56	0.5 –
Estradiol / Testosterone	4.46 %	0.17 –

Metabolism

TEST	RESULTS	REF.
2-OH-E1	0.44 mcg/g	0.17 – 0.52
2-OH-E2	0.15 mcg/g	0.03 – 0.15
4-OH-E1	0.12 mcg/g	0.04 – 0.12
4-OH-E2	0.18 mcg/g	0.02 – 0.08
16α-OH-E1	0.45 mcg/g	0.04 – 0.26

Continued - Metabolism

TEST	RESULTS	REF.
2-OH-E1 / 4-OH-E1 Balance	3.7	2.4 – 8.7
2-OH (E1+E2) / 16α-OH-E1 Balance	1.31	1.39 – 5.8
2-Methoxy-E1	0.13 mcg/g	0.05 – 0.18
2-Methoxy-E2	0.04 mcg/g	0.01 – 0.05
4-Methoxy-E1	0.03 mcg/g	0.05
4-Methoxy-E2	0.02 mcg/g	0.05
2-Methoxy-E1 / 2-OH-E1	0.30	0.19 – 0.4
4-Methoxy-E1 / 4-OH-E1	0.23	0.21 – 0.45
4-Methoxy-E2 / 4-OH-E2	0.09	0.37 – 0.52

SAMPLE

PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

HormoneBaseline - RESULTS

PROGESTERONE

Production

TEST	RESULTS	REF.
Progesterone (serum equivalent)	1.50 ng/ml	0.6
β-Pregnanediol / Estradiol	567.87	274.99 – 294.49

Metabolism

TEST	RESULTS	REF.
α-Pregnanediol	34.56 mcg/g	21.79 – 75.2
β-Pregnanediol	85.18 mcg/g	38.49 – 144.3
5α-Metabolism (α-Pregnanediol / β-Pregnanediol)	>10 %	0.14 – 1.96
Allopregna-nolone	4.38 mcg/g	0.3 – 1.32
3α-DHP	0.71 mcg/g	0.21 – 0.79
20α-DHP	1.21 mcg/g	0.52 – 3.05

SAMPLE

PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

HormoneBaseline - RESULTS

ADRENAL

Daily pattern & CAR

TEST	RESULTS	REF.
Cortisol (Morning)	4.11 ng/ml	4.19 – 10.6
Cortisol (30min after Waking)	2.41 ng/ml	2.19 – 5.2
Cortisol (60min after Waking)	8.48 ng/ml	3.09 – 6.5
Cortisol (Evening)	1.85 ng/ml	0.99 – 2.6
Cortisol (Night)	1.18 ng/ml	0.49 – 1.1
Cortisol (Insomnia)	1.08 ng/ml	0.49 – 1.1
Cortisone (Morning)	13.42 ng/ml	10.2 – 28.7
Cortisone (30min after Waking)	10.97 ng/ml	5.49 – 14.3
Cortisone (60min after Waking)	21.44 ng/ml	7.19 – 22.5
Cortisone (Evening)	6.86 ng/ml	3.19 – 6.8
Cortisone (Night)	3.38 ng/ml	1.29 – 3.4
Cortisone (Insomnia)	3.32 ng/ml	1.29 – 3.4
% rise (CAR%)	71 %	49 – 160

Continued - Daily pattern & CAR

TEST	RESULTS	REF.
Cortisol Awakening Response (CAR)	1.70 ng/ml	1.84 – 5.92

Precursors & mineralocorticoids

TEST	RESULTS	REF.
Deoxycorti-costerone	0.49 mcg/g	0.64 – 2.18
Corticoste-rone	8.87 mcg/g	3.65 – 10.12

Metabolism

TEST	RESULTS	REF.
THF + THE	1491.50 mcg/g	521.77 – 1941.96
α-THF	29.84 mcg/g	18.31 – 59.71
β-THF	535.48 mcg/g	199.35 – 604.11
β-THE	926.17 mcg/g	304.09 – 1278.14
Cortisol Clearance Rate (CCR)	50.00 %	5.85 – 43.16
Total Cortisol	18.02 ng/ml	10.99 – 24
Total Cortisone	56.08 ng/ml	33.99 – 65

SAMPLE

Continued - ADRENAL

Normalization

TEST	RESULTS	REF.
Creatinine (Waking)	1.34 mg/ml	0.24 – 2.16
Creatinine (Waking + 2 hours)	1.54 mg/ml	0.24 – 2.16
Creatinine (Dinner)	1.00 mg/ml	0.24 – 2.16
Creatinine (Bedtime)	1.18 mg/ml	0.24 – 2.16

OXIDATIVE, BONE & SLEEP

Oxidative stress

TEST	RESULTS	REF.
8-OHdG	18.47 mcg/g	4.77

Sleep

TEST	RESULTS	REF.
Melatonin (6-OHMS, First Morning)	11.71 mcg/g	10.19 – 28.6

Bone turnover

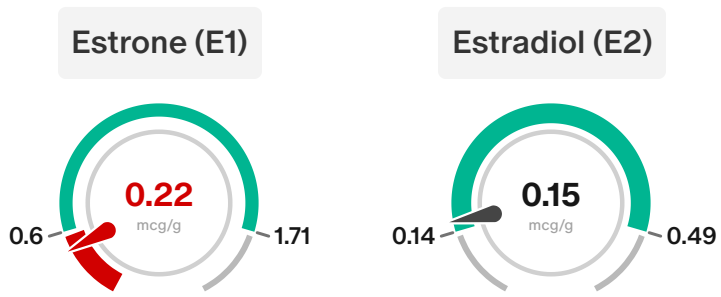
TEST	RESULTS	REF.
DPD	6.82 nmol/mmol	2.59 – 8.7
PYD	28.23 nmol/mmol	20 – 40

SAMPLE

ESTROGEN AND PROGESTERONE METABOLISM COMMENT

ESTROGEN PRODUCTION

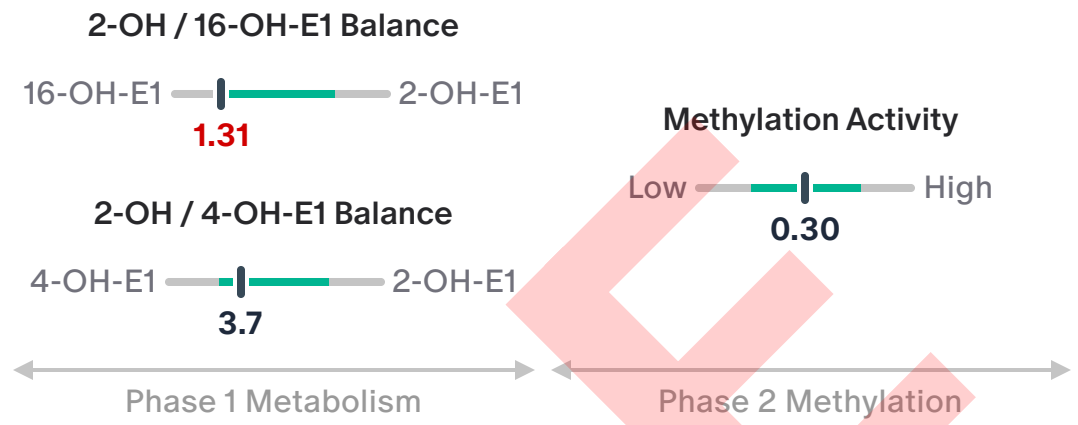
From P.3 ↗



01

ESTROGEN METABOLISM

From P.3 ↗



02 03

Estrogen and Progesterone Metabolism

- Estrogen and progesterone are each measured from how much is made, through how they break down, to their final products. This gives an overall picture of both hormones.
- Your results show estradiol at 0.15 read together with your testosterone, since in men almost all estrogen is made from testosterone. The progesterone here comes from your adrenal glands and stays steady.

01. Assess how much estrogen is being produced

- Your estrone is 0.22 ng/mg, which is below the optimal range for men. A low value usually means your overall estrogen is low, and because men need some estrogen for bone, a low value can go along with weaker bones.
- Your estradiol is 0.15 ng/mg, which is within the optimal range for men, so your estrogen looks well balanced.

02. Assess Phase I estrogen breakdown — which hydroxylation route is favoured

- Your 2-OH to 16α-OH balance is 1.31, which is below the optimal range. More of your estrogen is breaking down through the 16-OH route, which keeps an estrogen-like effect and can add to symptoms such as breast tenderness.
- Your 2-OH to 4-OH balance is 3.7, which is within the optimal range, so your body is handling estrogen well.

03. Assess Phase II estrogen methylation — how reactive estrogens are neutralised

- Your methylation activity on the 2-OH branch is 0.30, which is within the optimal range, so your body is finishing estrogen well.

SAMPLE

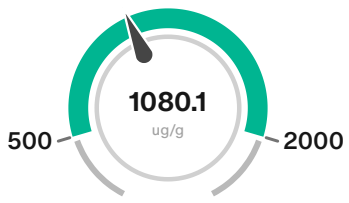
HormoneBaseline - COMMENTS

ANDROGEN METABOLISM COMMENT

ANDROGEN PRODUCTION

From P.3 ↗

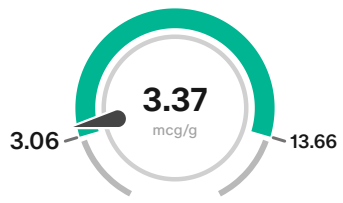
Total DHEA Production



DHEA-S + Etiocholanolone + Androsterone

01

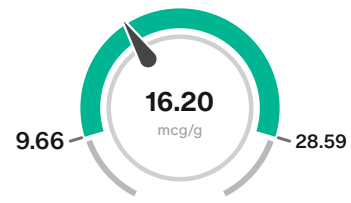
Testosterone



ANDROGEN METABOLISM

From P.3 ↗

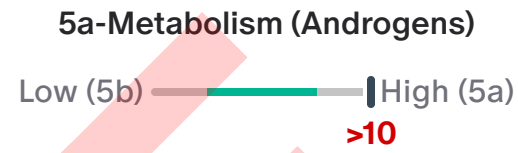
5α-Androstanediol



Cellular DHT Production

02

5a-Metabolism (Androgens)



03

Androgen Metabolism

- DHEA-S is the body's androgen store, while testosterone and androstenedione are the active androgens. The routing and DHT show how much becomes the strongest form, and the testosterone-to-epi-testosterone ratio helps tell the body's own testosterone from an outside product.
- Your results show the testicles supplying most of your testosterone, so the testosterone-to-epi-testosterone ratio at 0.84 helps separate your own testosterone from an outside product. The routing and tissue markers add to the picture of how your androgen is handled.
- This insight covers androgen supply, how it is routed, and how much reaches the tissues.

01. Assess androgen production and DHEA reserve

- Your total DHEA production is 1080.1 ng/mg, which is within the optimal range for age, so your adrenal androgen output looks well supported.
- Your testosterone is 3.37 ng/mg, which is within the optimal range for the patient's age, so your androgen level looks well balanced.

02. Assess testosterone activation to DHT (5α vs 5β)

- Your 5α-androstanediol is 16.20 ng/mg, which is within the optimal range, so your tissue androgen effect looks well balanced.

03. Assess DHEA-pathway androgen metabolites (5α vs 5β)

- Your 5α-metabolism of androgens is >10, which is above the optimal range. More of your androgen is taking the route that makes the stronger forms, which can add to acne and unwanted hair growth.

SAMPLE

PATIENT NAME: DEMO DEMO
ACCESSION ID: 2189729588 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-09-28 09:16 (PDT)

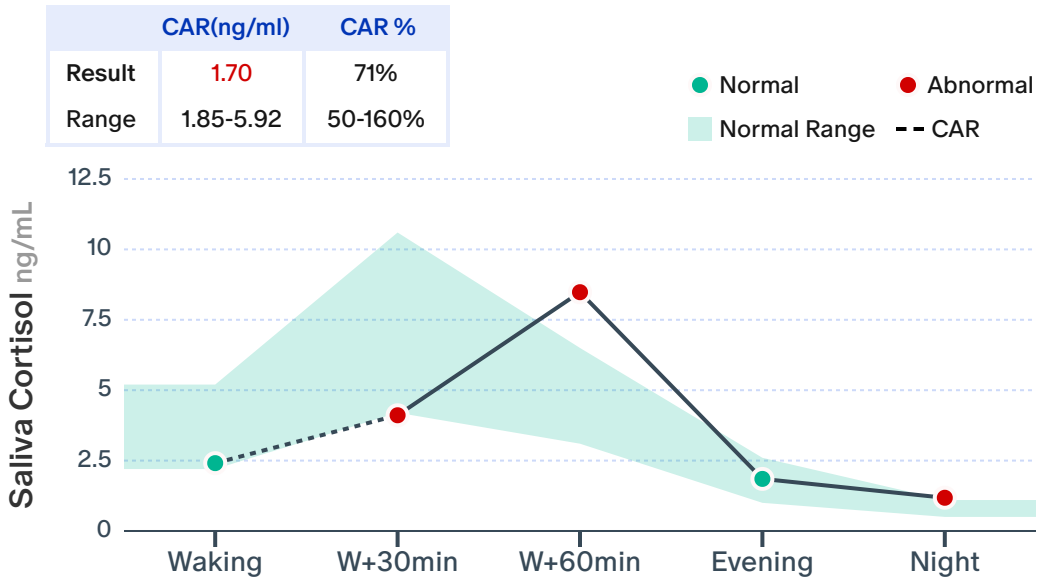
HormoneBaseline - COMMENTS

ADRENAL FUNCTION COMMENT

FREE CORTISOL WITH CORTISOL AWAKENING RESPONSE

From P.3 ↗

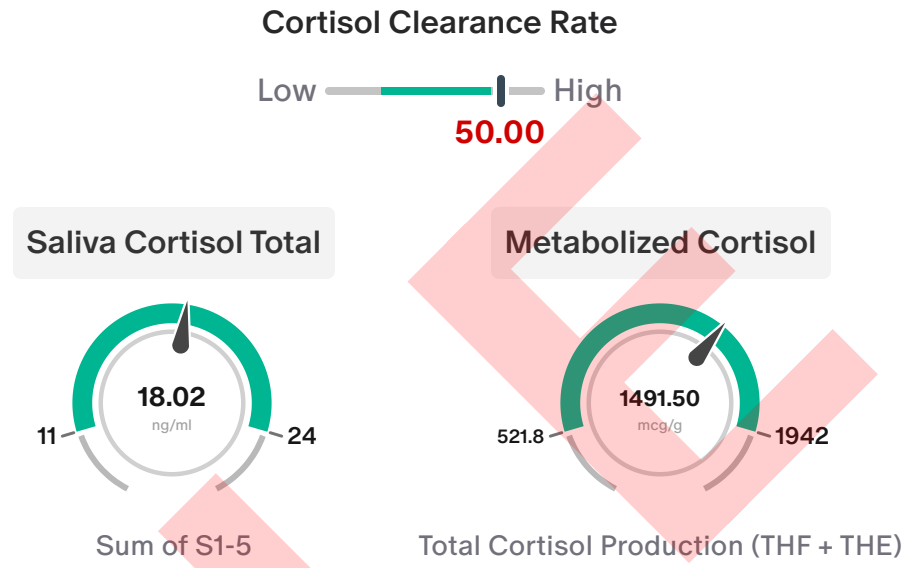
	CAR(ng/ml)	CAR %
Result	1.70	71%
Range	1.85-5.92	50-160%



01

CORTISOL METABOLISM

From P.3 ↗



02

Adrenal Function

- Total cortisol and metabolized cortisol show how much cortisol the body makes, and total cortisone shows the inactive form alongside them. DHEA-S is the adrenal hormone that supports building and repair.
- The four timed cortisol samples show your daily rhythm and metabolized cortisol shows the total made. In men greater average muscle mass speeds cortisol breakdown, so a higher metabolized total of 1491.50 is common.

01. Assess the daily free-cortisol rhythm and the cortisol awakening response

- Your waking free cortisol is 4.11 ng/mg, which is below the optimal range. A low morning value can cause tiredness and low energy early in the day.
- Your free cortisol 30 minutes after waking is 2.41 ng/mg, which is within the optimal range, so your cortisol pattern looks well supported.
- Your free cortisol 60 minutes after waking is 8.48 ng/mg, which is high. This point is the peak of the cortisol awakening response, so a high value means a strong morning rise, often from stress or poor sleep.
- Your evening free cortisol is 1.85 ng/mg, which is within the optimal range, so your cortisol pattern looks well supported.
- Your night free cortisol is 1.18 ng/mg, which is above the optimal range. Cortisol should be lowest at night, so a high value can cause trouble falling asleep and waking during the night.
- Your cortisol awakening response is 71% above your waking level — a healthy percentage rise, so your morning cortisol pattern looks well supported.
- Your cortisol awakening response is a rise of 1.70 ng/mg from waking to the 30-minute peak — a smaller-than-usual absolute increase. A blunted rise can go with fatigue and low morning energy.

SAMPLE

Continued - ADRENAL FUNCTION COMMENT

02. Assess total cortisol production and how quickly it is cleared (continued)

- Your cortisol clearance rate is 50.00, which is above the optimal range. Your body is breaking cortisol down and clearing it faster than usual, which can go along with tiredness and low energy.
- Your total cortisol is 18.02 ng/mg, which is within the optimal range, so your cortisol output looks well balanced.
- Your metabolized cortisol is 1491.50 ng/mg, which is within the optimal range, so your overall cortisol output looks well balanced.

OXIDATIVE, BONE & SLEEP COMMENT

BONE & TISSUE TURNOVER From P.3

Deoxypyridinoline (DPD)
● In Range

Pyridinoline (PYD)
● In Range

01

MELATONIN & SLEEP From P.3

Melatonin (1st Morning)
● In Range

02

Oxidative, Bone & Sleep

- DPD and PYD are released when bone is broken down, so they show how fast bone is being lost. Estradiol and testosterone slow that loss, while long-term high cortisol slows the cells that rebuild bone.
- Your results show how fast your bone is being broken down. In men most of the protection comes from estradiol made from testosterone, so estradiol 0.15 and testosterone 3.37 both matter here.
- Melatonin is the hormone that signals the body to sleep. Allopregnanolone, made from progesterone by way of 3α-DHP, has a calming effect and has been linked to sleep quality. A low result in either may add to poor sleep.
- Your results read melatonin together with allopregnanolone, a calming product of progesterone. In men the progesterone behind allopregnanolone comes mainly from the adrenal glands and stays steady, and snoring, sleep apnea and alcohol can also disturb sleep.

01. Assess the rate of bone breakdown

- Your deoxypyridinoline is 6.82 nmol/mmol, which is within the optimal range, so your bone turnover looks well supported.
- Your pyridinoline is 28.23 nmol/mmol, which is within the optimal range, so your bone turnover looks well supported.

02. Assess melatonin and sleep signalling

- Your melatonin is 11.71 ng/mg, which is within the optimal range, so your overnight sleep signal looks well supported.

SAMPLE

ADVANCED INSIGHTS - ESTROGEN AND PROGESTERONE METABOLISM

01	2-OH (E1+E2) / 16α-OH-E1 Balance	1.31	1.39 – 5.8	06	Progesterone (serum equivalent)	1.50 ng/ml	0.6
02	4-OH-E1	0.12 mcg/g	0.04 – 0.12	07	5α-Metabolism (α-Pregnanediol / β-Pregnanediol)	>10 %	0.14 – 1.96
03	4-OH-E2	0.18 mcg/g	0.02 – 0.08	08	3α-DHP	0.71 mcg/g	0.21 – 0.79
04	4-Methoxy-E1 / 4-OH-E1	0.23	0.21 – 0.45	09	20α-DHP	1.21 mcg/g	0.52 – 3.05
05	Allo-pregna-nolone	4.38 mcg/g	0.3 – 1.32	10	5α-Metabolism (Androsterone / Etiochola-nolone)	>10 %	0.43 – 2.79

Estrogen breakdown favours safer or stronger route

- The balance between the 2-OH and 16-OH breakdown routes shows whether more estrogen keeps an estrogen-like effect or takes the gentler route.
- Your results show the 2-OH to 16-OH balance at 1.31 (01). When this balance is high, more estrogen is taking the gentler 2-OH route, which the body clears more easily. When it is low, more estrogen is taking the 16-OH route, which makes a form that stays estrogen-active and can add to estrogen-related symptoms such as breast tenderness.
- This insight covers which breakdown route estrogen favors.

Reactive estrogen high or poorly cleared

- The 4-OH markers show how much estrogen takes the more reactive route, and the clean-up ratios show how much of it the body neutralizes.
- Your results show 4-OH-E1 at 0.12 mcg/g (02) and 4-OH-E2 at 0.18 mcg/g (03), with a clean-up ratio of 0.23 (04). High 4-OH levels together with a low clean-up ratio suggest that more reactive estrogen is being made than your body is neutralizing. Over time this can add to cell damage from unstable, wear-and-tear chemicals.
- This insight covers how much reactive estrogen is made and how much is cleaned up.

Calming progesterone metabolites out of balance

- Progesterone turns into its calming product through a few steps. Looking at each step shows where a shortfall happens if the calming product is low.

SAMPLE

Continued - ESTROGEN AND PROGESTERONE METABOLISM

Calming progesterone metabolites out of balance (continued)

- Your results show progesterone at 1.50 ng/mL 06, the route it takes at >10 % 07, the next step 3α-DHP at 0.71 mcg/g 08, the calming product allopregnanolone at 4.38 mcg/g 05, and the side route 20α-DHP at 1.21 mcg/g 09. In men the adrenal progesterone feeding these steps is steady, so a low calming product usually points to one of the in-between steps rather than to low progesterone.
- This insight covers the steps that turn progesterone into its calming product.

One enzyme shifts progesterone and androgens together

- The same step in the body sets the route for both progesterone and androgens, so the two routing results tend to move together.
- Your results show progesterone routing at >10 % 07 and androgen routing at >10 % 10 shifted the same way, and in men the shift shows up more on the androgen side. Allopregnanolone at 4.38 mcg/g 05 shows the effect on the steady adrenal-progesterone side.
- This insight covers the shared step that routes both progesterone and androgens.

SAMPLE

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INTRODUCTION

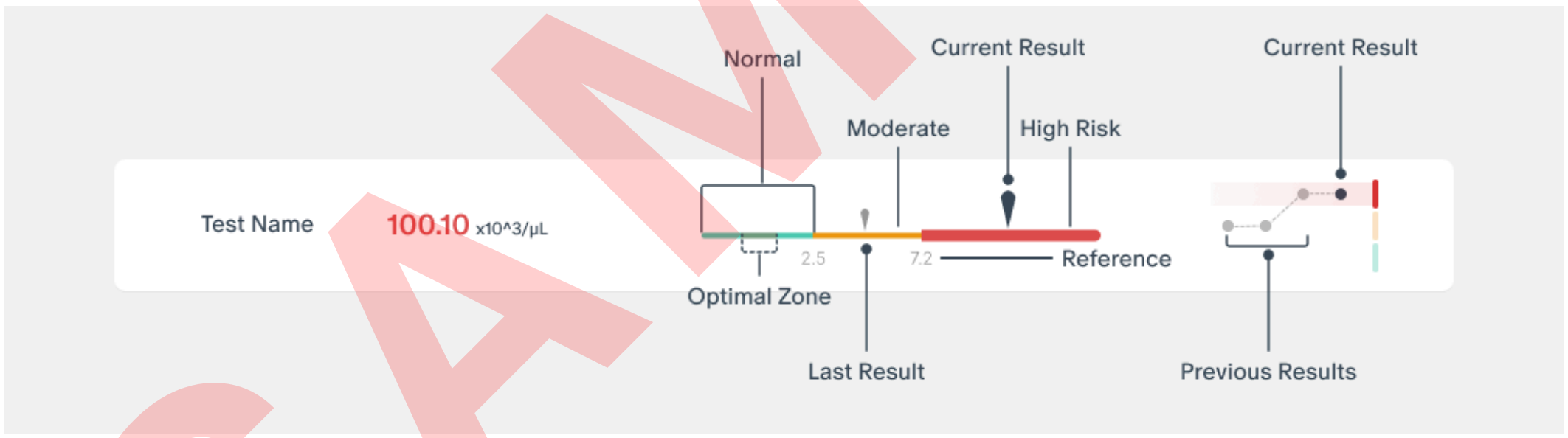
Vibrant Wellness is pleased to present Hormone Baseline testing to support healthy lifestyle choices in consultation with your healthcare provider. The Hormone Baseline evaluates biomarkers across multiple endocrine-related categories, including Cortisol Awakening Response, Melatonin, Adrenal Hormones, Estrogen, Progesterone, Testosterone, Hormone Ratios, Bone Health, and Oxidative Stress. Results are intended to be interpreted by healthcare providers to guide personalized wellness strategies informed by insights into endocrine system balance.

Methodology

The Hormone Baseline Panel uses liquid chromatography tandem mass spectrometry methodology (LC-MS/MS) for quantitative detection of cortisol and cortisone metabolites in urine and saliva samples, and melatonin, bone health, and oxidative stress markers in urine sample and gas chromatography tandem mass spectrometry (GC-MS/MS) for quantitative detection of estrogens, progesterone and androgen metabolites in urine samples. Urine creatinine is measured using a kinetic colorimetric assay based on the Jaffé method. All urine markers are reported as the quantitative result normalized to urine creatinine to account for urine dilution variations.

Interpretation of Report

The report begins with the list of all adrenal hormones and illustrations, followed by the sex hormones along with corresponding illustrations. The hormones section is followed by bone health metabolites. Reference ranges for each analyte have been established using a cohort of gender and menstrual phase matched 1000 apparently healthy adults over 18 years of age, and pediatric reference ranges are not available. Additionally, the previous value (if available) is also indicated to help check for improvements every time the test is ordered. For hormones section and bone health metabolites, classification of Red indicates a result that is outside the reference range and the classification of Green denotes a result that is within the reference range. The previous and current result are listed to the right of the reference range. (result example illustration below)



Please note: Consider all supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. It is important that you discuss any modifications to your diet, exercise, drug, and/or nutritional supplementation with your healthcare provider before making any changes. For urine creatinine, the reportable range is 0.05-16.02 mg/mL. Tests with urine creatinine <0.05 and >16.02mg/mL will be designated as Test Not Performed (TNP) and a retest would be requested. All tests with urine creatinine between 0.05-16.02mg/mL will be processed and included in the final patient reports.

Regulatory Disclaimer: This test was performed by Vibrant America Clinical Laboratory at 3521 Leonard Ct, Santa Clara, CA 95054 (CLIA No. 05D2078809, CAP No. 8970308). This test was developed, and its performance characteristics determined, by Vibrant America Clinical Laboratory. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA).

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RISK AND LIMITATIONS

Test results reflect biological and analytical findings at the time of specimen collection and may vary between individuals. Reference ranges for most of laboratory-developed tests (LDT) were established using a healthy adult population and may not be representative of other specific populations (e.g. pediatric, pregnant, individuals with chronic conditions or from all ethnic backgrounds). They do not provide absolute levels at which the symptoms may occur and hence clinical correlation by the provider is recommended.

Results may be affected by pre-analytical variables related to specimen collection, handling, transport, storage, and inherent biological variability. Specimens including urine, saliva, stool, and blood-based samples (serum, plasma, EDTA whole blood, TES, and dried blood spots) may be impacted by improper collection technique, contamination, insufficient sample volume, delayed shipment or processing, temperature excursions, or improper storage conditions. Additional factors such as hemolysis; anticoagulant effects; clotting, centrifugation, or mixing parameters; incomplete mixing with transport media; and variability in dried blood spot application or saturation may further affect analyte stability or result accuracy. Specimen-specific factors, including urine dilution or concentration, variability in saliva composition or flow rate, and intermittent microbial shedding in stool, may also contribute to result variability. For stool-based testing, one negative specimen does not rule out the possibility of parasitic infection or the presence of other pathogens. These pre-analytical variables may impact result accuracy and, in some cases, lead to a Test Not Performed (TNP). When clinically appropriate, repeat testing may be recommended; however, repeat testing may still fail to produce a reportable result if the underlying limitations persist.

All laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay design, methodological variability, and the specifications of FDA-approved and laboratory-developed analytes included in a test panel. As with all clinical laboratory testing, there is a small possibility of incorrect results due to technical errors, sample misidentification, contamination, rare genetic variants, or software-related issues.

Genetic testing is helpful in analyzing risks to various diseases. However, it is important to note that genetic risk determinants are neither necessary nor sufficient for the development of disease. Environmental and lifestyle risk factors could also affect the risk of disease development. Genetic risk does not indicate how common a health condition or variant is within the population; a risk-associated variant may be common or uncommon. Interpretation of genetic results should consider individual health context, as population-based reference frameworks may not fully represent all age groups, ethnic backgrounds, or health profiles. Genetic testing evaluates only the genotypes indicated and does not assess other genetic abnormalities found elsewhere in the genome. Different laboratories may test different variants when evaluating genetic risk for a given condition; therefore, genetic risk results may not be directly comparable between laboratories.

Some individuals may experience anxiety related to their genetic test results. Vibrant encourages any concerned individual to consult with a qualified healthcare professional prior to sample collection for a genetic test. Users of the test are encouraged to discuss their test results with a genetic counselor, board-certified clinical molecular geneticist, or equivalent health care professional. In some cases, the identification of risk-associated genetic variants may prompt discussion with a healthcare provider about additional testing or follow-up.

The reported analytes, SNPs, and associated informational content are informed by scientific knowledge at the time of reporting, including peer-reviewed scientific publications, publicly available research, and guidance from recognized scientific and public health organizations. Interpretive content may be updated as scientific knowledge continues to evolve. Clinical interpretations and associated risk assessments are largely derived from studies conducted in specific populations and may not be fully applicable to all individuals, including those of differing sexes, ages, ethnic backgrounds, ancestries, or underlying health conditions not represented in the original study population. Thus, accounting for a patient's full clinical picture should be considered when extrapolating patients results to specific lab result-associated health outcomes. The informational content included in this report is derived from publicly available scientific literature and is provided for educational and informational purposes only. This content does not replace medical advice from a qualified healthcare professional. Any wellness, nutritional, or dietary recommendations, diagnoses of medical conditions, or treatment decisions based on these results are made at the discretion and responsibility of the ordering healthcare professional.

Vibrant does not diagnose, treat, or cure medical conditions and does not replace the care of a licensed medical practitioner or counselor, nor does Vibrant recommend self-diagnosis or self-medication. Depending on the nature of testing, individuals who receive moderate- or high-risk results may be advised to pursue confirmatory testing and appropriate medical follow-up. Vibrant assumes no liability for any loss, injury, or damages arising from the procurement, compilation, interpretation, delivery, or reporting of information contained in this report, nor from any decisions made or actions taken based on these results.

The supplement recommendations and dosage guidelines provided are intended for general informational purposes only and should not replace professional medical advice; final dosage decisions must be made in consultation with your healthcare provider. Vibrant disclaims any liability for adverse effects, outcomes, or consequences arising from the use of these suggestions.

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