



PATIENT: XXXXXXXXXXXXXXXX

TEST REF: GNL-NL-XXXXX

TEST NUMBER: G-NL-XXXXX

COLLECTED: 00-XXX-2024

PRACTITIONER:

GENDER: XXXXXX

RECEIVED: 00-XXX-2024

XXXXXXXXXXXXXXXXXXXX

AGE: XX

TESTED: 00-XXX-2024

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST: Menopause-Check-Plus-Sample-Report-NOT-NORDIFIED



Menopause Check Plus - Salivary Profile



Therapeutic Cohort Results

Hormone	Result †	QUINTILE DISTRIBUTION					Therapeutic Range*
		1st	2nd	3rd	4th	5th	
Estradiol (E2)	5.0						2.9-13.7 pmol/L
Estrone (E1)	115.0						36.6-253.2 pmol/L
Estriol (E3)	<70						<=135 pmol/L
Testosterone	125						34-183 pmol/L
Progesterone	65						52-850 pmol/L

\* The therapeutic ranges depicted are for informational purposes only, and were derived from a cohort of peri/menopausal women ranging in age from 37-62 years. All women were treated with bioidentical hormone therapy (HT) utilizing combinations of the following: Biest (transdermal); Progesterone (oral micronized); Testosterone (transdermal); and 7-keto-DHEA (oral).

† Patient results with Genova's standard reference ranges are reported on the following pages.



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# Menopause Check Plus

## Salivary Hormone Results

Estradiol ♦ pmol/L 5.0

Reference Range	
Follicular	2.8-8.8 pmol/L
Peak *	4.5-19.1 pmol/L
Luteal	2.8-8.2 pmol/L
Menopausal	3.7-9.4 pmol/L
Male	3.1-7.4 pmol/L
* Peak = Days 11 and 12	

Testosterone ♦ pmol/L 125

Reference Range	
Premenopausal	34-148 pmol/L
Menopausal	34-148 pmol/L
Male	110-513 pmol/L

Estrone pmol/L 115.0

Reference Range	
Menopausal	31.9-183.4 pmol/L

Progesterone ♦ pmol/L 65

Reference Range	
Follicular	17-321 pmol/L
Peak *	151-829 pmol/L
Luteal	33-452 pmol/L
Menopausal	45-370 pmol/L
Male	31-280 pmol/L
* Peak = Days 18 and 20	

Estriol ♦ pmol/L <70

Reference Range	
Menopausal	<= 133 pmol/L

DHEA pg/mL 500

Reference Range	
DHEA 7am-9am	71-640 pg/mL

## Comments

Please note the reference range for Estrone has been updated due to a change in methodology.

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ♦, the assay has not been cleared by the U.S. Food and Drug Administration.

Methodology: LIA, EIA and RIA

Commentary is provided to the practitioner for educational purposes, and should not be interpreted as diagnostic or as treatment recommendations. Diagnosis and treatment decisions are the practitioner's responsibility.

Estrogens play a critical role in female sexual development, menstrual function, protein synthesis, cardiovascular



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### Commentary

function, bone formation and remodeling, cognitive function, emotional balance and other important health factors. The estrogenic potency of estradiol is 12 times that of estrone and 80 times that of estriol. Estradiol is the primary estrogen in premenopausal women. Estrone is the second most potent estrogen compared to estradiol. After menopause, estrone becomes the primary estrogen as the ovary loses its ability to manufacture estradiol, and it is synthesized in the adrenal glands and fat cells. Estriol is considered to be the mildest and briefest-acting of the three estrogens. Estrogen metabolism and synthesis in men appear to remain relatively stable across the life course.

- In women, lower levels of estrogens have been associated with a variety of clinical symptoms: peri/menopausal symptoms (vasomotor symptoms; mood and memory alterations; atrophic vaginitis, a condition associated with decreased vaginal lubrication and thinner vaginal epithelial; lining diminished skin tone); altered lipid metabolism; accelerated rate of bone loss. Excessive estrogen levels have been associated with increased risk of some hormone-dependent cancers.

- In men, low levels of estrogen may be associated with decreased bone density, cognitive decline and cardiovascular disease. Excessive estradiol levels have been associated with greater risk of stroke and cardiovascular disease, as well as BPH, gynecomastia, decreased sexual function and weight gain. A source of elevated estrogen in men may be associated with men who have a higher body fat percentage, as increased aromatization of testosterone to estradiol can occur in adipose tissue.

- In a large, population based study of salivary sex hormone levels in older adults researchers found: Older men and women had similar estradiol concentrations. Estradiol concentrations have been associated with cognition, mood, and memory in women and, in combination with testosterone and other factors, preservation of memory and cognitive function in men.

Progesterone is important for normal reproductive and menstrual function, and influences the health of bone, blood vessels, heart, brain, skin, and many other tissues and organs. As a precursor, progesterone is used by the body to make other steroid hormones, including DHEA, cortisol, estrogen and testosterone. In addition, progesterone plays an important role in mood, blood sugar balance, libido, and thyroid function, as well as adrenal gland health. Progesterone is primarily produced in the ovaries in premenopausal women and in the adrenal cortex in postmenopausal women. Although progesterone is found in both women and men, the physiologic role in men is poorly understood.

- In women, lower levels of progesterone have been associated with dysfunctional uterine bleeding, and may play a role in osteoporosis and impaired neurological function. Excessive amounts can result in problems such as dysglycemia, alopecia, acne and breast tenderness.

- The clinical significance of elevated or low levels in men is poorly understood. Low progesterone levels may be involved in male infertility. Increased levels of progesterone have been found in states of stress and anxiety in men and women: this may relate to its sedative or stress countering effects.

Testosterone is an androgenic sex steroid/hormone that helps maintain libido, influences muscle mass and weight loss, and plays a role in the production of several other hormones. During the aging process, testosterone levels gradually decline in both sexes, which can lead to loss of bone density. Testosterone concentrations tend to be higher in men versus women.

- In women, imbalances of testosterone have been associated with various forms of coronary heart disease and cardiovascular events, including myocardial infarction in postmenopausal women. Low salivary testosterone levels have also been shown in women with breast cancer compared to age-matched controls. Obese women exhibit higher levels of free salivary testosterone. Excessive amounts are associated with PCOS, acne, oily skin and hirsutism.

- In men, lower levels of testosterone are associated with aortic, peripheral vascular, and cardiovascular disease in middle-aged and older men. In some but not all studies, lower levels of testosterone predict increased incidence of cardiovascular events and mortality. Additionally, elevated testosterone can be associated with CVD risk. Men with excessive testosterone may exhibit aggressive behavior or increased irritability, and hair loss (scalp).

- In men and women, low levels of testosterone have been associated with lower coital frequency and loss of sexual desire in men and women. Low levels are also associated with reduced stamina and lean muscle mass, anxiety,



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**Commentary**

depression and cognitive decline in both men and women.