



# SALIVA TEST REPORT

<b>Patient Name</b> Jane Doe	<b>Patient ID</b> JD751022	<b>Smoker</b> None	<b>BMI</b> 25.8 <b>Waist</b> 34 in
<b>DOB</b> 10/22/1975 (42 yrs)	<b>Report Date and Time</b> 11/8/2017 15:00	<b>Medications</b> None	
<b>Gender</b> F	<b>Received Date and Time</b> 11/1/2017 14:30	<b>Provider ID:</b> 0000 Doctor T 6655 SW Hampton St Tigard, OR 97223 <b>Ph:</b> xxx-xxx-xxxx	
	<b>Specimen Collection Date and Time</b> Saliva Morning 10/31/2017 09:30		

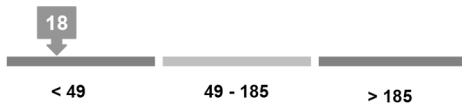
## YOUR TEST RESULTS

Normal Range      Low or High Range      Your Levels

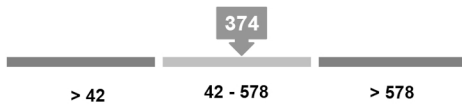
**Estradiol (pg/mL)**



**Testosterone (pg/mL)**



**DHEA (pg/mL)**



**Cortisol Morning (ng/mL)**

