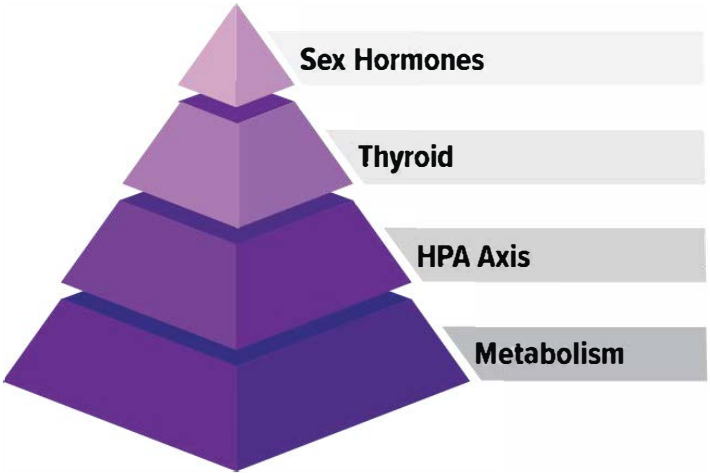
GENOVA DIAGNOSTICS
63 Zillicoa Street
Asheville, NC 28801
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MEN'S HEALTH+

Patient: **SAMPLE PATIENT**
DOB:
Sex:
MRN:

4121 Men's Health+ - Saliva, Urine

Results Overview



Anabolic/Catabolic Balance



Estrogen Metabolism



Functional Imbalance Scores

Key (< 2) : Low Need for Support | (2-3) : Optional Need for Support | (4-6) : Moderate Need for Support | (7-10) : High Need for Support

Need For HPA Axis Support	Need For Sex Hormone Support	Need For Detoxification Support
HPA AXIS	SEX HORMONES	ESTROGEN METABOLISM
1	6	4
Cortisol Curve ▼	Estradiol ▼	2/16 Ratio ▲
Morning Cortisol ●	Testosterone ▼	Methylation Activity ▲
DHEA ●	Progesterone ●	2-OH-E1/E2 ▽
DHEA:Cortisol ●	Estrone N/A	4-OH-E1/E2 ●

Therapeutic Support Options

Need For HPA Axis Support	Need For Sex Hormone Support	Need For Detoxification Support
• Stress Reduction	• Address Thyroid Imbalance	• Methylation Support: B-Vitamins, Mg, Betaine
• Mindfulness Training	• Address HPA Axis	• Cruciferous vegetables, berries, rosemary
• HRV Biofeedback	• Phytoestrogens (for estrogen support)	• Soy isoflavones, DIM, I3C
• Breathwork Training	• Phytoandrogens (for testosterone support)	• Bioflavanoids, Glutathione
• Exercise/Yoga/Tai Chi	• Consider Glandulars	• Reduce sugar, stress, environmental toxicity
• Herbal Adaptogens	• Consider Hormone Precursors	• Reduce adiposity
• Lower Blood Sugar	• Consider BHRT	• Physical activity
• B-Vitamins		
• Phosphoserine		
• Glandulars		

Nutrient Need Overview

	Nutrient Need (0 1 2 3 4 5 6 7 8 9 10)	DRI	Suggested Recommendations	Provider Recommendations
Antioxidants				
Glutathione				
B-Vitamins				
Thiamin - B1		1.2 mg	25 mg	
Riboflavin - B2		1.3 mg	25 mg	
Niacin - B3		16 mg	20 mg	
Pyridoxine - B6		1.3 mg	50 mg	
Biotin - B7		30 mcg	200 mcg	
Folate - B9		400 mcg	400 mcg	
Cobalamin - B12		2.4 mcg	100 mcg	
Minerals				
Magnesium		420 mg	400 mg	
Manganese		2.3 mg	5.0 mg	
Zinc		11 mg	10 mg	
GI Support				
Digestive Support/Enzymes			0 IU	
Microbiome Support/Probiotics			10 billion CFU	

Recommendations for age and gender-specific supplementation are set by comparing levels of nutrient functional need to optimal levels as described in the peer-reviewed literature. They are provided as guidance for short-term support of nutritional deficiencies only.

The Nutrient Need Overview is provided at the request of the ordering practitioner. Any application of it as a therapeutic intervention is to be determined by the ordering practitioner.

Interpretation At-A-Glance

Antioxidant Needs

Glutathione



- Glutathione (GSH) is composed of cysteine, glutamine & glycine. GSH is a source of sulfate and plays a key role in antioxidant activity and detoxification of toxins.
- GSH requirement is increased with high-fat diets, cigarette smoke, cystinuria, chronic alcoholism, chronic acetaminophen use, infection, inflammation and toxic exposure.
- Deficiency may result in oxidative stress & damage, impaired detoxification, altered immunity, macular degeneration and increased risk of chronic illness.
- Food sources of GSH precursors include meats, poultry, fish, soy, corn, nuts, seeds, wheat germ, milk and cheese.

KEY

Function of Nutrient | Cause of Deficiency | Complications of Deficiency | Food Sources of Nutrient

Interpretation At-A-Glance

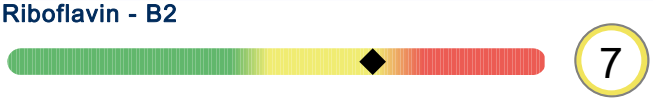
B-Vitamin Needs

Thiamin - B1



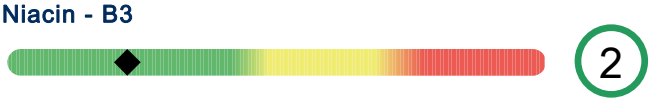
- B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- B1 deficiency may lead to dry beriberi (e.g., neuropathy, muscle weakness), wet beriberi (e.g., cardiac problems, edema), encephalopathy or dementia.
- Food sources include lentils, whole grains, wheat germ, Brazil nuts, peas, organ meats, brewer's yeast, blackstrap molasses, spinach, milk & eggs.

Riboflavin - B2



- B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.
- B2 deficiency may result in oxidative stress, mitochondrial dysfunction, low uric acid, low B3 or B6, high homocysteine, anemia or oral & throat inflammation.
- Food sources include milk, cheese, eggs, whole grains, beef, chicken, wheat germ, fish, broccoli, asparagus, spinach, mushrooms and almonds.

Niacin - B3



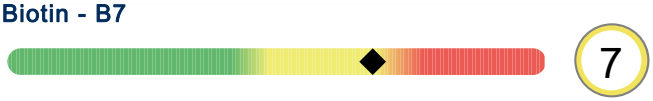
- B3 is used to form NAD and NADP, involved in energy production from food, fatty acid & cholesterol synthesis, cell signaling, DNA repair & cell differentiation.
- Low B3 may result from deficiencies of tryptophan (B3 precursor), B6, B2 or Fe (cofactors in B3 production), or from long-term isoniazid or oral contraceptive use.
- B3 deficiency may result in pellagra (dermatitis, diarrhea, dementia), neurologic symptoms (e.g., depression, memory loss), bright red tongue or fatigue.
- Food sources include poultry, beef, organ meats, fish, whole grains, peanuts, seeds, lentils, brewer's yeast and lima beans.

Pyridoxine - B6



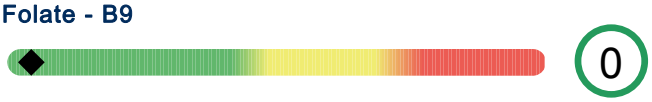
- B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA or digoxin.
- B6 deficiency may result in neurologic symptoms (e.g., irritability, depression, seizures), oral inflammation, impaired immunity or increased homocysteine.
- Food sources include poultry, beef, beef liver, fish, whole grains, wheat germ, soybean, lentils, nuts & seeds, potato, spinach and carrots.

Biotin - B7



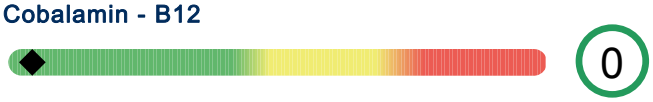
- Biotin is a cofactor for enzymes involved in functions such as fatty acid synthesis, mitochondrial FA oxidation, gluconeogenesis and DNA replication & transcription.
- Deficiency may result from certain inborn errors, chronic intake of raw egg whites, long-term TPN, anticonvulsants, high-dose B5, sulfa drugs & other antibiotics.
- Low levels may result in neurologic symptoms (e.g., paresthesias, depression), hair loss, scaly rash on face or genitals or impaired immunity.
- Food sources include yeast, whole grains, wheat germ, eggs, cheese, liver, meats, fish, wheat, nuts & seeds, avocado, raspberries, sweet potato and cauliflower.

Folate - B9



- Folate plays a key role in coenzymes involved in DNA and SAMe synthesis, methylation, nucleic acids & amino acid metabolism and RBC production.
- Low folate may result from alcoholism, high-dose NSAIDs, diabetic meds, H2 blockers, some diuretics and anti-convulsants, SSRIs, methotrexate, trimethoprim, pyrimethamine, triamterene, sulfasalazine or cholestyramine.
- Folate deficiency can result in anemia, fatigue, low methionine, increased homocysteine, impaired immunity, heart disease, birth defects and CA risk.
- Food sources include fortified grains, green vegetables, beans & legumes.

Cobalamin - B12



- B12 plays important roles in energy production from fats & proteins, methylation, synthesis of hemoglobin & RBCs, and maintenance of nerve cells, DNA & RNA.
- Low B12 may result from alcoholism, malabsorption, hypochlorhydria (e.g., from atrophic gastritis, H. pylori infection, pernicious anemia, H2 blockers, PPIs), vegan diets, diabetic meds, cholestyramine, chloramphenicol, neomycin or colchicine.
- B12 deficiency can lead to anemia, fatigue, neurologic symptoms (e.g., paresthesias, memory loss, depression, dementia), methylation defects or chromosome breaks.
- Food sources include shellfish, red meat, poultry, fish, eggs, milk and cheese.

KEY

Function of Nutrient | Cause of Deficiency | Complications of Deficiency | Food Sources of Nutrient

Interpretation At-A-Glance

Mineral Needs

Magnesium



- Magnesium is involved in >300 metabolic reactions. Key areas include energy production, bone & ATP formation, muscle & nerve conduction and cell signaling.
- Deficiency may occur with malabsorption, alcoholism, hyperparathyroidism, renal disorders (wasting), diabetes, diuretics, digoxin or high doses of zinc.
- Low Mg may result in muscle weakness/spasm, constipation, depression, hypertension, arrhythmias, hypocalcemia, hypokalemia or personality changes.
- Food sources include dark leafy greens, oatmeal, buckwheat, unpolished grains, chocolate, milk, nuts & seeds, lima beans and molasses.

Manganese



- Manganese plays an important role in antioxidant function, gluconeogenesis, the urea cycle, cartilage & bone formation, energy production and digestion.
- Impaired absorption of Mn may occur with excess intake of Fe, Ca, Cu, folic acid, or phosphorous compounds, or use of long-term TPN, Mg-containing antacids or laxatives.
- Deficiency may result in impaired bone/connective tissue growth, glucose & lipid dysregulation, infertility, oxidative stress, inflammation or hyperammonemia.
- Food sources include whole grains, legumes, dried fruits, nuts, dark green leafy vegetables, liver, kidney and tea.

Zinc



- Zinc plays a vital role in immunity, protein metabolism, heme synthesis, growth & development, reproduction, digestion and antioxidant function.
- Low levels may occur with malabsorption, alcoholism, chronic diarrhea, diabetes, excess Cu or Fe, diuretics, ACE inhibitors, H2 blockers or digoxin.
- Deficiency can result in hair loss and skin rashes, also impairments in growth & healing, immunity, sexual function, taste & smell and digestion.
- Food sources include oysters, organ meats, soybean, wheat germ, seeds, nuts, red meat, chicken, herring, milk, yeast, leafy and root vegetables.

KEY

Function of Nutrient | Cause of Deficiency | Complications of Deficiency | Food Sources of Nutrient

Interpretation At-A-Glance

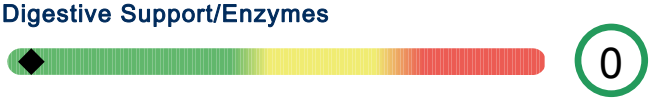
Microbiome & Digestive Support

Microbiome Support/Probiotics



- Probiotics have many functions. These include: production of some B vitamins and vitamin K; enhance digestion & absorption; decrease severity of diarrheal illness; modulate of immune function & intestinal permeability.
- Alterations of gastrointestinal microflora may result from C-section delivery, antibiotic use, improved sanitation, decreased consumption of fermented foods and use of certain drugs.
- Some of the diseases associated with microflora imbalances include: IBS, IBD, fibromyalgia, chronic fatigue syndrome, obesity, atopic illness, colic and cancer.
- Food sources rich in probiotics are yogurt, kefir and fermented foods.

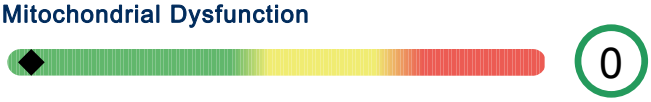
Digestive Support/Enzymes



- Pancreatic enzymes are secreted by the exocrine glands of the pancreas and include protease/peptidase, lipase and amylase.
- Pancreatic exocrine insufficiency may be primary or secondary in nature. Any indication of insufficiency warrants further evaluation for underlying cause (i.e., celiac disease, small intestine villous atrophy, small bowel bacterial overgrowth).
- A high functional need for digestive enzymes suggests that there is an impairment related to digestive capacity.
- Determining the strength of the pancreatic enzyme support depends on the degree of functional impairment. Supplement potency is based on the lipase units present in both prescriptive and non-prescriptive agents.

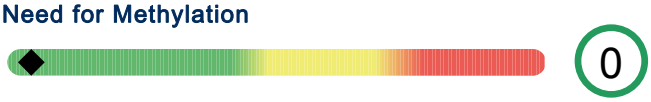
Functional Imbalances

Mitochondrial Dysfunction



- Mitochondria are a primary site of generation of reactive oxygen species. Oxidative damage is considered an important factor in decline of physiologic function that occurs with aging and stress.
- Mitochondrial defects have been identified in cardiovascular disease, fatigue syndromes, neurologic disorders such as Parkinson's and Alzheimer's disease, as well as a variety of genetic conditions. Common nutritional deficiencies can impair mitochondrial efficiency.

Need for Methylation



- Methylation is an enzymatic process that is critical for both synthesis and inactivation. DNA, estrogen and neurotransmitter metabolism are all dependent on appropriate methylation activity.
- B vitamins and other nutrients (methionine, magnesium, selenium) functionally support catechol-O-methyltransferase (COMT), the enzyme responsible for methylation.

Toxic Exposure

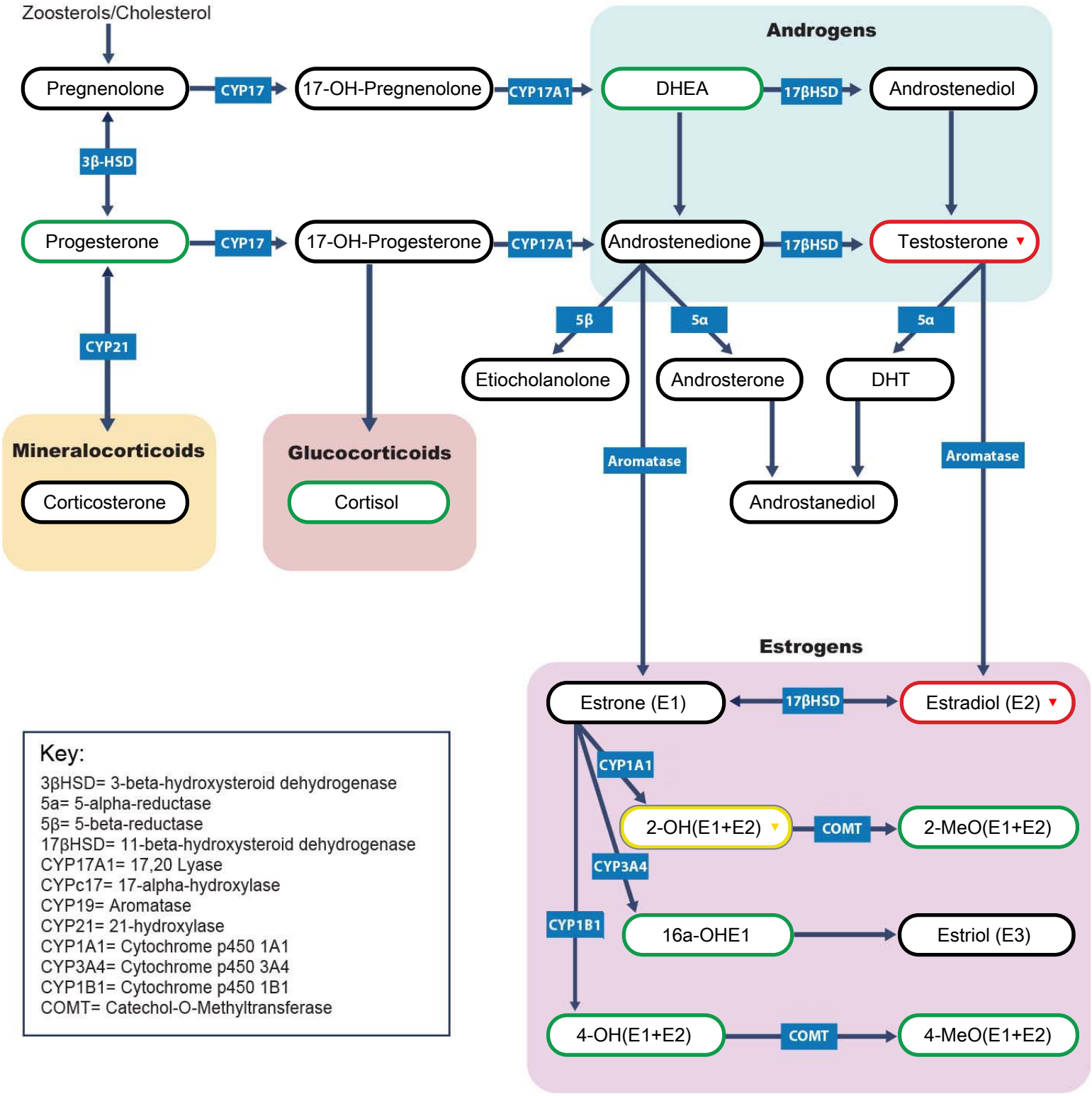


- Methyl tert-Butyl Ether (MTBE) is a common gasoline additive used to increase octane ratings, and has been found to contaminate ground water supplies where gasoline is stored. Inhalation of MTBE may cause nose and throat irritation, as well as headaches, nausea, dizziness and mental confusion. Animal studies suggest that drinking MTBE may cause gastrointestinal irritation, liver and kidney damage and nervous system effects.
- Styrene is classified by the US EPA as a "potential human carcinogen," and is found widely distributed in commercial products such as rubber, plastic, insulation, fiberglass, pipes, food containers and carpet backing.
- Levels of these toxic substances should be examined within the context of the body's functional capacity for methylation and need for glutathione.

KEY

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Steroidogenic Pathway



Key:

3βHSD= 3-beta-hydroxysteroid dehydrogenase
5a= 5-alpha-reductase
5β= 5-beta-reductase
17βHSD= 11-beta-hydroxysteroid dehydrogenase
CYP17A1= 17,20 Lyase
CYPc17= 17-alpha-hydroxylase
CYP19= Aromatase
CYP21= 21-hydroxylase
CYP1A1= Cytochrome p450 1A1
CYP3A4= Cytochrome p450 3A4
CYP1B1= Cytochrome p450 1B1
COMT= Catechol-O-Methyltransferase

The results shown on pages 1 and 7 default to salivary results. If no salivary results are available, urine results are used.

Methodology: EIA, LIA

Salivary Sex Hormones

Progesterone

		Reference Range
Progesterone ♦	80	31-280 pmol/L

Androgens

		Reference Range
DHEA	220	71-640 pg/mL
Testosterone, Free ♦	<30	110-513 pmol/L

Estrogens

		Reference Range
Estrone (E1) *	40.8	See Chart Below
Estradiol (E2) ♦	<2.5	3.1-7.4 pmol/L
Estriol (E3) *	<70	See Chart Below

Reference Range Information

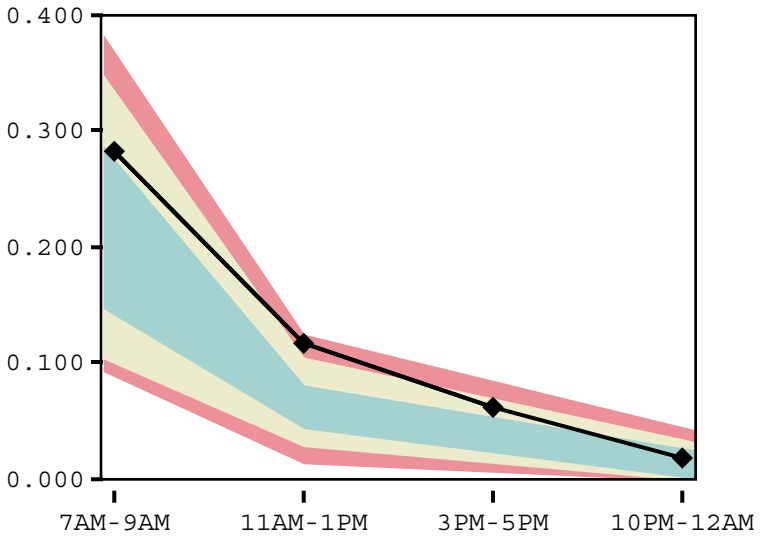
Saliva Analyte	Luteal	Follicular	Menopausal	Male	Patient Result
Estrone (pmol/L)	N/A	N/A	31.9 - 183.4	N/A	40.8
Estradiol (pmol/L)	2.8 - 8.2	2.8 - 8.8	3.7 - 9.4	3.1 - 7.4	<2.5
Estriol (pmol/L)	N/A	N/A	<=133	N/A	<70
Progesterone (pmol/L)	33 - 452	17 - 321	45 - 370	31 - 280	80
Testosterone, Free (pmol/L)	34 - 148	34 - 148	34 - 148	110 - 513	<30
DHEA (pg/mL)	71 - 640	71 - 640	71 - 640	71 - 640	220

*Reference ranges for estriol and estrone in males have not been determined. Each individual is unique and evaluation of hormone status should be within the context of the patient's clinical picture.

Methodology: EIA

HPA Axis

Diurnal Cortisol Curve



Cortisol, Free (Salivary)

		Reference Range
7AM-9AM Cortisol ◆	0.282	0.097-0.337 mcg/dL
11AM-1PM Cortisol ◆	0.116	0.027-0.106 mcg/dL
3PM-5PM Cortisol ◆	0.060	0.013-0.068 mcg/dL
10PM-12AM Cortisol ◆	0.018	<= 0.034 mcg/dL

Androgens

		Reference Range
DHEA	220	71-640 pg/mL
DHEA:Cortisol Ratio	780	358-2,538

Results

Cortisol, Free (Salivary)	Morning Cortisol 7AM-9AM**	Midday Cortisol 11AM-1PM**	Afternoon Cortisol 3PM-5PM**	Evening Cortisol 10PM-12AM**
Patient Result (mcg/dL) >>	**0.282**	**0.116**	**0.060**	**0.018**
Reference Range (mcg/dL) **Based on Collection Times	0.097-0.337	0.027-0.106	0.013-0.068	<=0.034
Actual Collection Time	7:29AM	11:39AM	4:12PM	10:09PM

Methodology: LC/MS/MS

Estrogen Metabolism

Urine Estrogens

		Reference Range
Estrone (E1)	1.0	1.6-8.6 mcg/g Creat.
Estradiol (E2)	<dl	0.8-4.3 mcg/g Creat.
Estriol (E3)	<dl	0.3-5.1 mcg/g Creat.

Phase 1 Estrogen Metabolites

		Reference Range
2-Hydroxyestrone+ 2-Hydroxyestradiol 2-OH(E1+E2)	1.1	0.7-12.5 mcg/g Creat.
16α-Hydroxyestrone 16a-OHE1	<dl	<= 2.0 mcg/g Creat.
4-Hydroxyestrone+ 4-Hydroxyestradiol 4-OH(E1+E2)	0.4	<= 1.6 mcg/g Creat.

Enzyme Activity

2-OH(E1+E2)/ 16α-OHE1 Ratio	>UL	0.8-12.9
Methylation Activity 2-OH/2-MeO Ratio	0.7 Poorer Methylation	1.0-8.8

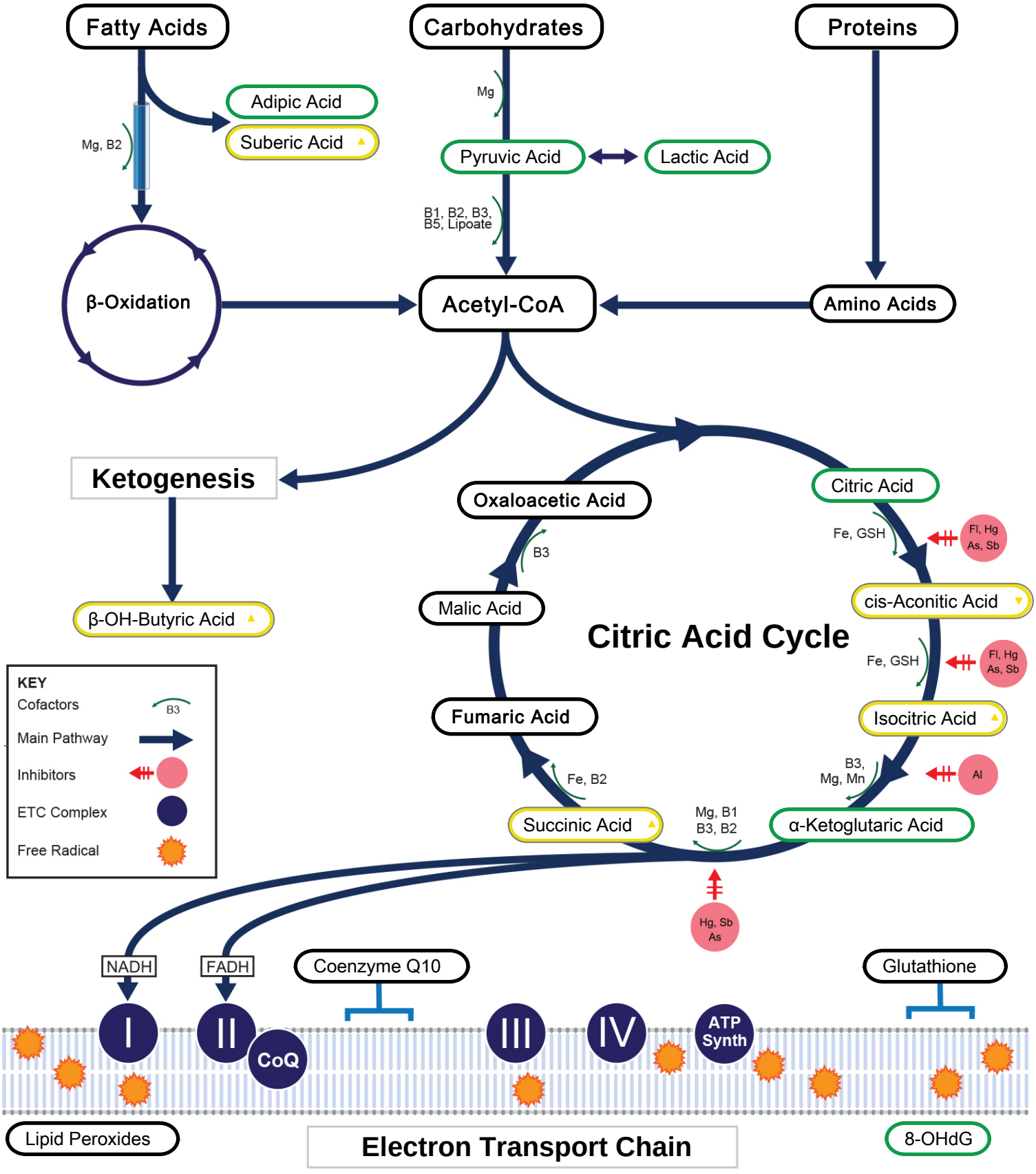
Phase 2 Estrogen Metabolites

2-Methoxyestrone+ 2-Methoxyestradiol 2-MeO(E1+E2)	1.5	0.2-2.5 mcg/g Creat.
4-Methoxyestrone+ 4-Methoxyestradiol 4-MeO(E1+E2)	<dl	<= 1.0 mcg/g Creat.

Reference Range Information

Urine Analyte	Premenopause Luteal	Menopause	Male	Patient Result
Estrone (mcg/g Creat.)	2.0 - 26.2	1.1 - 26.2	1.6 - 8.6	1.0
Estradiol (mcg/g Creat.)	0.6 - 11.2	0.6 - 15.4	0.8 - 4.3	<dl
Estriol (mcg/g Creat.)	0.6 - 19.9	0.7 - 30.8	0.3 - 5.1	<dl
2-OH(E1+E2) (mcg/g Creat.)	1.3 - 36.3	0.9 - 43.8	0.7 - 12.5	1.1
16a-OHE1 (mcg/g Creat.)	0.5 - 8.9	0.4 - 7.7	<=2.0	<dl
4-OH(E1+E2) (mcg/g Creat.)	<=5.9	<=8.8	<=1.6	0.4
2-MeO(E1+E2) (mcg/g Creat.)	0.2 - 8.6	0.3 - 5.9	0.2 - 2.5	1.5
4-MeO(E1+E2) (mcg/g Creat.)	<=1.0	<=1.0	<=1.0	<dl
2-OH(E1+E2)/16a-OHE1 Ratio	0.3 - 13.7	0.3 - 15.1	0.8 - 12.9	>UL
2-OH/2-MeO Ratio	1.6 - 10.7	0.4 - 11.6	1.0 - 8.8	0.7

Oxidative Stress & Mitochondrial Dysfunction



All biomarkers reported in mmol/mol creatinine unless otherwise noted.

Organic Acids

Malabsorption & Dysbiosis Markers

Malabsorption Markers

		Reference Range
Indoleacetic Acid	1.5	<= 4.2
Phenylacetic Acid	0.10	<= 0.12

Dysbiosis Markers

		Reference Range
Dihydroxyphenylpropionic Acid (DHPPA)	1.1	<= 5.3
3-Hydroxyphenylacetic Acid	6.1	<= 8.1
4-Hydroxyphenylacetic Acid	14	<= 29
Benzoic Acid	0.05	<= 0.05
Hippuric Acid	<dl	<= 603

Yeast / Fungal Dysbiosis Markers

		Reference Range
D-Arabinitol	32	<= 36
Citramalic Acid	7.3	<= 5.8
Tartaric Acid	49	<= 15

Vitamin Markers

Branched-Chain Catabolites (B1, B2, B3, ALA)

		Reference Range
α-Ketoadipic Acid	0.9	<= 1.7
α-Ketoisovaleric Acid	0.46	<= 0.97
α-Ketoisocaproic Acid	0.39	<= 0.89
α-Keto-β-Methylvaleric Acid	1.5	<= 2.1
Glutaric Acid	0.41	<= 0.51
Isovalerylglycine	1.6	<= 3.7

Methylation Markers (Folate, B12)

		Reference Range
Formiminoglutamic Acid (FIGlu)	0.7	<= 1.5
Methylmalonic Acid	1.4	<= 1.9

Biotin Markers

		Reference Range
3-Hydroxypropionic Acid	13	5-22
3-Hydroxyisovaleric Acid	26	<= 29

Cellular Energy & Mitochondrial Markers

Fatty Acid Metabolism

		Reference Range
Adipic Acid	1.8	<= 2.8
Suberic Acid	1.5	<= 2.1

Carbohydrate Metabolism

		Reference Range
Pyruvic Acid	12	7-32
Lactic Acid	5.0	1.9-19.8
α-Hydroxybutyric Acid	0.48	<= 0.83
β-OH-Butyric Acid	2.2	<= 2.8
β-OH-β-Methylglutaric Acid	7	<= 15

Energy Metabolism

		Reference Range
Citric Acid	264	40-520
cis-Aconitic Acid	13	10-36
Isocitric Acid	57	22-65
α-Ketoglutaric Acid	13	4-52
Succinic Acid	3.0	0.4-4.6
Malic Acid		

Neurotransmitter Metabolites

Kynurenine Markers (Vitamin B6)

		Reference Range
Kynurenic Acid	4.9	<= 7.1
Quinolinic Acid	10.4	<= 9.1
Kynurenic / Quinolinic Ratio	0.47	>= 0.44
Xanthurenic Acid	1.11	<= 0.96

Catecholamine Markers

		Reference Range
Homovanillic Acid	2.6	1.2-5.3
Vanilmandelic Acid	1.9	0.4-3.6
3-Methyl-4-OH-phenylglycol	0.03	0.02-0.22

Serotonin Markers

		Reference Range
5-OH-indoleacetic Acid	23.8	3.8-12.1

Toxin & Detoxification Markers

		Reference Range
Pyroglutamic Acid	27	16-34
α-Ketophenylacetic Acid (from Styrene)	0.31	<= 0.46
α-Hydroxyisobutyric Acid (from MTBE)	5.4	<= 6.7
Orotic Acid	0.47	0.33-1.01

Methodology: GCMS, LC/MS/MS, Alkaline Picrate, Colorimetric

Organic Acid Reference Ranges are Age Specific

Methodology: Colorimetric, Alkaline Picrate, GC/MS, LC/MS/MS

Organic Acids

Oxalate Markers

		Reference Range
Glyceric Acid	14.6	3.5-16.4
Glycolic Acid	32	<= 67
Oxalic Acid	18	<= 78

All biomarkers reported in mmol/mol creatinine.

Creatinine Concentration

		Reference Range
Urine Creatinine	8.2	3.1-19.5 mmol/L

Oxidative Stress Markers

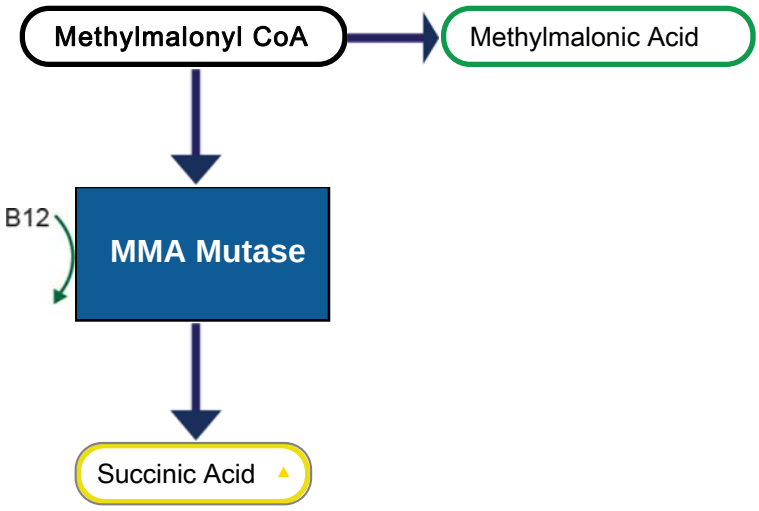
Oxidative Damage

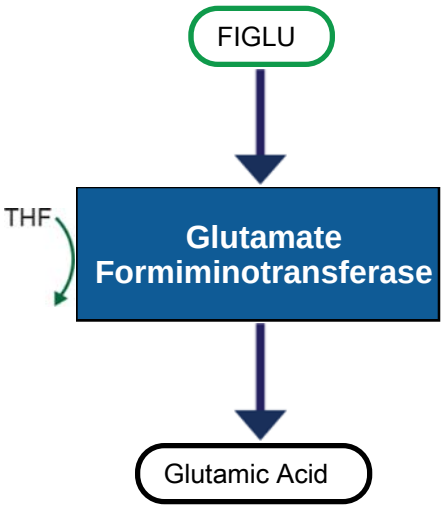
		Reference Range
8-OHdG (urine)	7	<= 15 mcg/g Creat.

The Oxidative Stress reference ranges are based on an adult population.

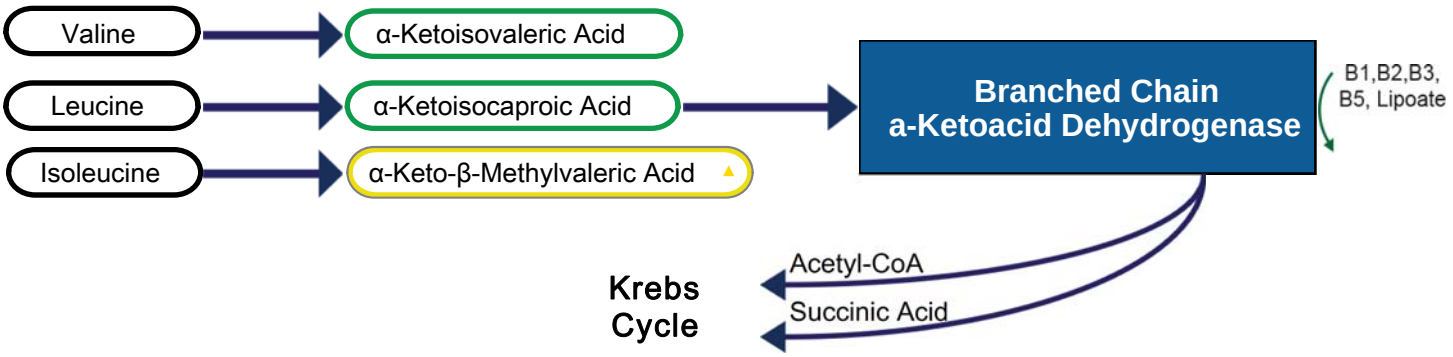
Pathways

Methylation Markers





Branched-Chain Amino Acid Metabolism



Commentary

For more information regarding Endo+ clinical interpretation, please refer to the Endo+ Support Guide at **www.gdx.net/hormoneguide**

For more information regarding Organic Acids clinical interpretation, please refer to the Organic Acids Support Guide at **www.gdx.net/nutrevalguide**

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.

<dl = Less than detection limit; >ul = greater than upper linearity limit; NR = Not Reportable

Cortisol reference ranges are based on samples collected over one day during the following time periods (+/- 2hrs):
#1: 7AM - 9AM
#2: 11AM - 1PM
#3: 3PM - 5PM
#4: 10PM - 12AM
Results for samples collected outside the recommended time period should be interpreted with caution as the stated reference range may not apply.

The **Reference Range** is a statistical interval representing 95% or 2 Standard Deviations (2 S.D.) of the reference range population. One Standard Deviation (1 S.D.) is a statistical interval representing ~68% of the reference population. Values between 1 and 2 S.D. are not necessarily abnormal. Clinical Correlation is suggested.

