May 2011
National Health Observances

May 8-14
• Food Allergy Awareness Week
• Recreational Water Illness & Injury Prevention Week

May 23-29
• National Celiac Disease Awareness Month

May is also...
• National Osteoporosis Awareness Month
• National Physical Fitness & Sports Month

President, Diagnos-Techs™
Elias Ilyia, PhD

THE LEADING LAB IN SALIVA TESTING SINCE 1989

May is National Physical Fitness and Sports Month,
National Osteoporosis Awareness Month, and
National Celiac Disease Awareness Month.

Customized Test Panels
Flexi-Matrix™ test kits allow you to combine more than one panel, with the exception of BHP, FHP, ePerc, PeriM and ePeriM. When combining panels, be sure to include the individual tests listed under each of the panels. Flexi-Matrix™ customized test kits are the most economic way of customizing test panels and profiles to meet your clinical needs, saving you 20-70% of the panels. Flexi-Matrix™ customized test kits are Flexi-Matrix™

“Build Your Own Panel”

AS1
Adrenal Stress Index™
- Cortisol
- DHEA + DHEAS
- Insulin x2
- Chymotrypsin
- C-Reactive Protein
- Adrenocorticotropic Hormone

GI-02
Expanded Gastrointestinal Health Panel™
- Steel culture for yeast
- Chymotrypsin
- Oxalated and parasites
- Bacterial stool pathogens
- Fecal pH
- Clostridium difficile Antigens
- Total Intestinal Siga
- Tapeworm

ePostM
Expanded Post Menopausal Hormone Panel™
- Gondis Antigen
- Intestinal Lysosome
- Cryptosporidium Antigen
- Alpha Anti-Chymotrypsin
- Arsinoe histolytic A
- Gluten Intolerance Test
- Histamine
- Roundworm
- Tissue Worm

HIGHLIGHTS IN THIS EDITION

2. Case Study
Assessing Stress in Perimenopausal Woman Using Diagnos-Techs™ ASI™ and ePerc™ Panel

4. Educational Pathways
- In-house Seminars with Dr. Dent
- Office Visits & Online Meetings

6. Tips from Customer Service
- Important HIPAA Information
- Clinical Pearls

7. Resources for You
- Insurance Billing Technical Services, Shipping Contact Info

Back Page
“Build Your Own Panel”

HIGHLIGHTING? MAKE IT YELLOW!

When using a highlighter to draw your patient’s attention to specific sections on the requisition form, please use a different highlighter. Other colors scan into our system as black and can delay the processing of your patient’s tests.

DIAGNOSTECHS
THE LEADING LAB IN SALIVA TESTING SINCE 1989

Why Choose Diagnos-Techs™?
• Non-Invasive Specimen Collection

Whether you are ordering the Gastrointestinal Health Panel™, the Female Hormone Panel™ or any of the other panels Diagnos-Techs™ offers, using non-invasive specimen collection is a low-stress path on the road to wellness for your patients.

A WORD FROM THE PRESIDENT...
The heart of Diagnos-Techs™ is the clinical laboratory. When samples are received in the lab, they are immediately reviewed for completeness of personal data and consistency of samples with the tests requested.

Testing is completed, usually in one to three days, and the results are collected in a master database for review and report preparation. Reports can be mailed, faxed or emailed directly to the ordering provider. After a provider has reviewed the results, they can speak to a medical advisor to interpret the results and assist in the preparation of a treatment plan customized specifically to an individual patient.

The goal of our laboratory is to offer high quality test results to providers to improve patient well being and achieve the optimal state of wellness for each patient.

Sincerely,
Elias Ilyia, PhD
President, Diagnos-Techs™

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Continued on page 5

Continued on page 6
Assessing Stress in Peri-Menopausal Women

Kamal Herein, MD
John White, MD, CM

A 52 year old married woman was faced with excessive sweating at night, hot flashes and insomnia lasting two months. Some fatigue, mood changes and irritability, loss of concentration and headaches also were occurring. Her menstrual periods had become irregular, the last one occurring 45 days prior. She was in good health with no known allergies. She was taking Synthroid for hypothyroidism, and had discontinued birth control pills four months prior after 15 years of use. She works for a computer company, has two grown children, does not smoke and has an occasional glass of wine.

Her temperature was 96.8°F, BP 135/65 mm Hg and pulse 86/minute. She was anxious and mildly overweight. There was no thyromegaly and the remainder of her examination was within normal limits.

Routine serum lab tests (Table 1) showed normal thyroid function. Her Estradiol (E2) was high normal, with a normal FSH: her LH was high normal, and her “free” testosterone above normal.

To more closely assess her overall hormonal balance and the stress effect of approaching menopause, a salivary expanded Peri Menopausal Hormones Lab was ordered.

Table 1

<table>
<thead>
<tr>
<th>TEST</th>
<th>DESCRIPTION</th>
<th>RESULTS</th>
<th>REFERENCE RANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FT3</td>
<td>Free Thyroxine</td>
<td>8.5 ul/ml</td>
<td>4.5-10.5 ul/ml</td>
</tr>
<tr>
<td>FT4</td>
<td>Free Thyroxine</td>
<td>1.02 ng/dl</td>
<td>0.88-1.3 mg/dl</td>
</tr>
<tr>
<td>TSH</td>
<td>Thyroid Stimulating Hormone</td>
<td>0.44 ul/ml</td>
<td>0.35-4.0 ul/ml</td>
</tr>
<tr>
<td>LH</td>
<td>Luteinizing Hormone</td>
<td>4.2 ng/ml</td>
<td>1.0-10.0 ng/ml</td>
</tr>
<tr>
<td>FSH</td>
<td>Follicle Stimulating Hormone</td>
<td>2.6 ng/ml</td>
<td>3.0-10.0 ng/ml</td>
</tr>
<tr>
<td>E2</td>
<td>Estrogen</td>
<td>93 pg/dl</td>
<td>20-120 pg/dl</td>
</tr>
<tr>
<td>DHEA</td>
<td>Dehydroepiandrosterone</td>
<td>390 ng/ml</td>
<td>300-500 ng/ml</td>
</tr>
<tr>
<td>Testosterone</td>
<td>271 ng/ml</td>
<td>300-1000 ng/ml</td>
<td></td>
</tr>
</tbody>
</table>

The initial sample of her Expanded Peri Menopausal Panel™ was sent in roughly in the mid follicular phase of her cycle (day 8), and the second sample in mid luteal phase (day 22). In both phases her progesterone were low (29-30 pg/ml), with attendant significant LH elevations (>250/167 ul U/ml), consistent with ovulation and no corpus luteum formation. Her estradiol was 15 and 13 pg/ml (high range post menopause).

Panel™- (ePeri™) was obtained. Her Adrenal Stress Index Panel™ (Diagram 1) showed a combination of low awakening cortisol and a low overall cortisol output. Her DHEA output was low as well. Significantly, her 17-0H Progesterone (the next step on the steroid hormone synthesis pathway from both progesterone and 17alpha pregnenolone to form cortisol) was significantly below normal.

Diagram 1

The Cortisol Load was 23-42 nM, Cortisol Load: 19-52 nM. The MIDNIGHT value is elevated suggesting a lack of sensitivity to suppression at the pituitary-hypothalamic-axis. This condition is usually associated with a tendency to endogenous depression, and REM sleep disruptions. Phosphorylated serine derivatives are reported to help optimize HPA responsiveness. Clin. Trial J. 26:33, 1989.

**Patient Insurance Disclaimer**

Diagnos-Techs, Inc. is a non-contracted provider with all insurance companies. Please verify your out-of-pocket benefits (including out-of-network deductibles and re-insurances) by contacting your insurance carrier. Diagnos-Techs, Inc. will bill your insurance at the total price per line item. If deductible and/or co-insurances are applied, Diagnos-Techs, Inc. is obligated to bill in the State of Washington to collect.

**HIPAA Compliance**

Diagnos-Techs, Inc. is registered as a HIPAA compliant laboratory and is committed to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The standards are meant to improve the integrity and effectiveness of the nation’s health care system. We are committed to implementing appropriate administrative, technical and physical safeguards to protect the privacy of Protected Health Information. For more information go to www.diagnostechs.com and click About Us/Motor of HIPAA Privacy Practice.

**Tips for Success**

- **Sign up to access results online.** Contact Customer Service for password, 1-800-878-3787.
- **We must have at least two forms of written patient ID, name and date of birth on all vials and order forms to process samples.**
- **Patients should not contact the lab for treatment related questions.** Please advise patients to consult with you if they have any treatment related questions pertaining to collection. Medical support is available for provider questions about drug interactions at 1-800-878-3787.
- **Review patient medication list.** This will help your patients to understand what to avoid before taking our tests. We do not discuss medications directly with patients.
- **Have your account number or accession number ready before you call.**
- **Tips for saliva production.** In order to produce enough saliva, suggest to your patients to chew dental grade paraffin wax.

**Technician Services**

- **Clinical & Research Laboratory**
  - www.diagnostechs.com

**Contact Us**

**How to Reach Us**

**Business Hours**
7:00am-5:00pm
Pacific Standard Time (PST)
Monday through Friday, except major holidays

**Corporate Address**
1910 66th Ave.S., Building G
Kent, WA 98032 USA

**Customer Service**
800-878-3787
800-252-0596

**Shipping**
800-878-3787
800-252-0596

**Lab Address**
Sample Processing: 6620 S. 192nd Pl., Building 3-106
Kent, WA 98032 USA

**Monday-Saturday UPS Deliveries**
P.O. Box 389662 Lakewood, WA 98118-3662 USA

**About Us/Notice of HIPAA Privacy Practices**

- This laboratory is registered as a HIPAA compliant laboratory and is committed to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to protect and maintain the privacy of our patients’ identifiable health information. The standards are meant to improve the integrity and effectiveness of the nation’s health care system. We are committed to implementing appropriate administrative, technical and physical safeguards to protect the privacy of Protected Health Information. For more information go to www.diagnostechs.com and click About Us/Motor of HIPAA Privacy Practice.

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**DIAGNOS-TECHS® RESOURCES FOR YOU ▼**

**Shipping**

- Free Return Shipping on returned domestic test kits
- Storage & mailing instructions for all specimens
- Shipping instructions are printed on the return box.
- Customers are responsible for any return shipping costs.
- US Domestic shipping only.
- International shipping is available.
- International shipping rates apply.
- International shipping rates are subject to change without notice.
- Diagnos-Techs is PRE-PAID. Kits are delivered to your PO Box by UPS to your PO Box by UPS.
- Return shipping to Diagnos-Techs is PRE-PAID. Kits are delivered to your PO Box by UPS.
- We are unable to deliver to a private rural carrier of your choice.

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As presented in the article The Status of Hormone Testing—An Update on the front page of this newsletter, considerable skepticism has arisen regarding the accuracy of serum hormone testing, particularly with testosterone and with differentiation of the “free” fraction from the protein bound. Saliva testing, which measures the hormone concentration in tissue fluid (i.e. the “free” fraction) provides more accurate results which are checked by mass spectrometry. The salivary Expanded Peri Menopausal Panel™ was selected to assess her female hormone status since she was still cycling, but irregularly. If feasible, a cycling hormone panel would have provided a more complete hormonal picture; the irregularity of her periods suggested using the Peri Menopausal Panel™. Her hormonal pattern from sampling the follicular and luteal phases showed low progesterone coupled with significantly elevated LH the pituitary hormone responsible for progesterone production to confirm a lack of corpus luteum due to ovulation. Her estradiol were in the upper ranges. These findings are consistent with a post-menopausal picture with estrogen dominance due to inadequate anchoring because of insufficient


1. Adapted to stress.

2. Adapted to stress.

5. Non-adapted, Low Reserves.

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The Role of Adrenal Dynamics in Functional Medicine

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EDUCATIONAL PATHWAYS

Diagnos-Techs™ offers several educational pathways to support our provider clients in their patient care.

COURTESY IN-HOUSE SEMINARS

April, May and June

The Role of Adrenal Dynamics in Functional Medicine is a comprehensive educational seminar designed to help clinicians integrate adrenal medicine into his or her practice. Our next three seminars will be presented by Dr. Raymond Dent and are scheduled for April 29, May 20 and June 24 respectively. Please arrive by 9:00am to register. The seminar is held from 9:00am to 3:00pm. To reserve a seat, please call Jessica at 1-800-878-3787. Space is limited.

DR. RAYMOND DENT

Raymond Dent, MD, was awarded his doctorate in Naturopathic Medicine from John Bastyr College of Naturopathic Medicine in Seattle, WA in 1982. He has practiced both privately and with teams of holistically-oriented medical doctors and labs over the past 28 years. Dr. Dent has taught courses at Bastyr University, authored articles on alternative and integrated health care and appeared on television and radio broadcasts. Dr. Dent’s practice is broad in scope and utilizes therapeutic nutrition, homeopathy, botanical medicine as well as innovative integrative approaches incorporating radio-frequency and galvanic therapy for in-office treatment of cosmetic skin conditions.

DR. JOHN WHITE, MEDICAL SUPPORT DIRECTOR

John J. White, MD, CM, graduated from the McGill Medical School in Montreal, Quebec, Canada and is board certified in Medicine from John Bastyr College of Naturopathic Medicine in Seattle, WA in 1982. He has practiced both privately and with teams of holistically-oriented medical doctors and labs over the past 28 years. Dr. Dent has taught courses at Bastyr University, authored articles on alternative and integrated health care and appeared on television and radio broadcasts. Dr. Dent’s practice is broad in scope and utilizes therapeutic nutrition, homeopathy, botanical medicine as well as innovative integrative approaches incorporating radio-frequency and galvanic therapy for in-office treatment of cosmetic skin conditions.

Dr. White

MEDICAL SUPPORT

Diagnos-Techs™ team of medical directors is available to assist our licensed health care professional clients by answering questions about our laboratory tests and interpreting consultation test results. There is no additional fee to receive this service. Our medical director's team consists of MDs, NDs and a PhD offering a combined 100+ years of medical experience. To speak to medical support call 1-800-878-3787.

THE STATUS OF HORMONE TESTING—An Update

Continued from front page

The Endocrine Society is further validating the TAP and AS panels of Diagnos-Techs.®

Investigation of disruptions in circadian rhythm has been documented by various US governmental agencies using salivary assays. Examples include air crew transmeridian flights, astronauts before flight and soldiers experiencing military training. These provide evidence of the circadian rhythm cortisol testing provided by Diagnos-Techs.®

Recently, serum assessment of the sex hormones has come under scrutiny. The most intense concentration has been focused on serum testosterone assays. In 2008, the Endocrine Society issued a position statement that “the manner in which most (serum) assays for TT (total testosterone) and FT (free testosterone) are currently performed is decidedly unsatisfactory.” Recognizing that “important discrepancies and inconsistencies in measurement...” the Endocrine Society paired with the Center for Disease Control (CDC) and other academic societies and laboratories and endorsed “accuracy-based testing of testosterone and calibration of all methods traceable to a single high-level reference material.” These reference methods will be developed by the CDC using mass spectrometry and offered to all interested parties. This process will require several years.

Diagnos-Techs™ measures salivary testosterone, which has been shown to have a direct correlation with free serum testosterone. The Diagnos-Techs™ Expanded Male Hormone Panel™ provides not only a patient’s free testosterone value, but also the more potent DHT (dihydrotestosterone) (DHT) measurement. Also provided are values for DHEA, progesterone and androstenedione, the antecedents of the androstenedione pathway and complete assessment of a man’s hormone status, on which an intelligent and scientifically founded therapeutic regimen can be based. With regard to therapy, The Endocrine Society recently updated its “Clinical Practice Guidelines” regarding testosterone therapy for men with androgen deficiency syndromes, and evaluated appropriate testing and various therapies for testosterone insufficiency. Further comments on the evidence for these guidelines and assessment of risk benefit ratios and the validity of the published evidence vis-à-vis treatment recommendations have ensued. All practitioners recommending testosterone therapy should make themselves familiar with these guidelines. Close on the heels of the clamor over the recognized concern for proper and accurate testosterone measurement, the editors of the Journal of Endocrinology and Clinical Metabolism raised the question whether “all of our other routinely employed (serum) hormonal assays provide truly accurate and precise measurements.” They recommend a cooperative program similar to that for testosterone. The previous comments regarding testosterone and cortisol salivary testing by Diagnos-Techs® apply equally to estrogen, progesterone, DHEA and the other hormones tested at Diagnos-Techs®. Concern regarding disparities between protein bound and “free” hormone in serum analysis does not pertain, as saliva assesses the “free” hormone portion only. Further, the values obtained by Diagnos-Techs™ not only are continuously checked for quality, but all the lab standards have been verified by mass spectrometry.
The Role of Adrenal Dynamics in Functional Medicine

Assessing Stress in Peri-Menopausal Women
Continuing education is a cornerstone of medical practice. The proper assessment of patient stress levels is invaluable in preventing and treating depression, fatigue, anxiety, heart disease, and other conditions. The earliest signs of stress are often hormonal. Understanding the signs and symptoms of stress can aid in providing appropriate treatment. Dr. Raymond Dent will present a seminar on the role of adrenal dynamics in functional medicine.

THE ROLE OF ADRENAL DYNAMICS

Dr. Raymond Dent, ND, was awarded his doctorate in Naturopathic Medicine from John Bastyr College of Naturopathic Medicine in Seattle, WA in 1982. He has practiced both privately and with teams of holistically-oriented medical doctors and labs over the past 28 years. Dr. Dent has taught courses at Bastyr University, authored articles on alternative and integrated health care and appeared on television and radio broadcasts. Dr. Dent's practice is broad in scope and utilizes therapeutic nutrition, homeopathy, botanical medicine as well as innovative practices incorporating radio-frequency and galvanic therapy for in-office treatment of cosmetic skin conditions.

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The Status of Hormone Testing—An Update Continued from front page

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REFERENCES


3. Ferrell B, Decottie RL, Nevielle J, et al. Can fatigue during in-flight adaptation be explained through the aromatization pathway or via aromatization from testosterone. This panel establishes an awareness and complete assessment of a man’s hormone status, on which an intelligent and scientifically founded therapeutic regimen can be based. With regard to therapy, The Endocrine Society recently updated its “Clinical Practice Guidelines” regarding testosterone therapy for men with androgen deficiency syndromes, and evaluated appropriate testing and various therapies for testosterone insufficiency. Further comments on the evidence for these guidelines and assessment of risk benefit ratios and the validity of the published evidence vis-à-vis treatment recommendations have ensued. All practitioners recommending testosterone therapy should make themselves familiar with these. Close on the heels of the clamor over the recognized concern for proper and accurate testosterone measurement, the editors of the Journal of Endocrinology and Clinical Metabolism raised the question whether “all of our other routinely employed (serum) hormonal assays provide truly accurate and precise measurements.” They recommend a cooperative program similar to that for testosterone. The previous comments regarding testosterone and cortisol saliva testing by Diagnos-Techs™ apply equally to estrogen, progesterone, DHEA and the other hormones tested at Diagnos-Techs™. Concern regarding disparities between protein bound and “free” hormone in serum analysis does not pertain, as saliva assesses the “free” hormone portion only. Further, the values obtained by Diagnos-Techs™ not only are consistently checked for analytical accuracy, but all the lab standards have been verified by mass spectrometry.
Clinical Pearls

**INFORMATION TO BUILD ON**

**Women reported** on how the way they felt interfered with work and relationships. This influenced both their perceived health and stress levels. Other influences were depressed mood and difficulty concentrating, suggesting that these two symptoms may be most important to address to enhance functioning during the menopausal transition (MT) and early pre-menopausal (PM). Woods NF, Mitchell ES. Symptom interference with work and relationships during the menopausal transition and early post-menopause: observations from the Seattle Mid-Life Women’s Health Study. Menopause. 2011 Feb 11

**The risk of major depression** is greater for women during and immediately after menopause than when they are pre-menopausal. Bromberger JT, Kavitz HM, Chang YF, Cryanowski JM, Brown C, Matthews KA. Major depression during and after the menopausal transition: Study of Women’s Health Across the Nation (SWAN). Psychosom Med. 2011 Feb 9-11

**Cross-sectional analysis** of data from women in the early stages of the MMWIP showed a wide variation in circulating TH1 levels, irrespective of menopausal status, indicating that single FSH measurements provide little useful information regarding menopausal status. Burger H. The menopausal transition—endocrinology. J Sex Med. 2008 Oct;5(10):2266-73

**Up to 16% of naturally menopausal women** continue to experience vasomotor symptoms well after their menopause is past. Santoro N. Symptoms of menopause: hot flushes. Clin Obstet Gynecol. 2008 Sep 51(3):59-68

**Longitudinal data indicate** that both ovulatory and anovulatory cycles occur after entry into both the early and late menopausal transition and that ovulatory cycles occur even after final menses. Burger HG, Halle G, Dzenitis L, Robertson DM. Cycle and hormone changes during peri-menopause: the key role of ovarian function. Menopause. 2008 Jul-Aug;15(4 Pt 1):603-12

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**Diagram 2**

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**Diagnos-Techs, Inc.**

Clinical & Research Laboratory

10130 NE 195th Street 

Lawrence, KS 66047 

Tel: (913) 365-5300 

Fax: (913) 365-5984

CLIA License # 50D0630141

**Cortisol-DHEA Correlation**

<table>
<thead>
<tr>
<th>Test 1 (mg/dL)</th>
<th>Test 2 (mg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
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<td>8.0</td>
</tr>
<tr>
<td>8.0</td>
<td>16.0</td>
</tr>
</tbody>
</table>

**Patient Result Interpretations**

Low DHEA is a normal finding in children below age of 14 and DHEA augmentation is NOT APPLICABLE.

**To jump start her low AM cortisols,** 5 mg oral micronized DHEA (4 mg sublingually / 7.5 mg orally) was also started to balance her cortisol.

At her 3 month follow-up, she reported considerable improvement in her pre-menopausal symptoms, a more stable mood and no headaches. Overall, she rated her improvement at 80%.

**DISCUSSION**

This case illustrates the interdependence of stress (DHEA/cortisol balance) and sex hormone (estradiol/progesterone) balance in meeting life’s challenges, especially in mature patients. Imbalances in either or both areas can perturb hormone equilibrium and

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**Tips from Customer Service**

- **Account Number:** Please have your account number ready when calling.
- **Change of Address:** For your protection all address changes should be faxed or emailed.
- **HIPAA Compliance:** To ensure HIPAA compliance, we can only communicate Protected Health Information to our providers by using the contact information listed under each account. Please notify us in writing immediately if any contact information has been changed or updated. This will ensure quality of service and timely reporting of the test results.

For more information on HIPAA compliance, please visit our website: www.hhs.gov/ocr/privacy/...
Assessing Stress in Peri-Menopausal Women

Kamal Herein, MD
John White, MD, CM

52 year old married woman was faced with excessive sweating at night, hot flashes and insomnia lasting two months. Some fatigue, mood changes and irritability, loss of concentration and headaches also were occurring. Her menstrual periods had become irregular, the last one occurring 45 days prior. She was in good health with no known allergies. She was taking Synthroid for hypothyroidism, and had discontinued birth control pills four months prior after 15 years of use. She works for a computer company, has two grown children, does not smoke and has an occasional glass of wine. Her temperature was 96.8° F, BP 135/85. Her Adrenal Stress Index Panel™ was taken roughly in the mid follicular phase of her cycle (day eight), and the second sample in mid luteal phase (day 22). In both phases her progesterone were low (29/30 mg/ml), with attendant significant LH elevations (>250 Iu/l Ul U/ml), consistent with anovulation and no corpus luteum formation. Her estradiol were 15 and 13 mg/ml (high range post menopause).

Table 1

<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
<th>Result</th>
<th>Ref Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHEA</td>
<td>Dehydroepiandrosterone</td>
<td>18.6 ng/dl</td>
<td>1.2-10 ng/dl</td>
</tr>
<tr>
<td>Testosterone Free (TFF)</td>
<td>7.0 ng/dl</td>
<td>0.6-7.7 ng/dl</td>
<td></td>
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Diagram 1

The initial sample of her Expanded Peri Menopausal Panel™ was taken roughly in the mid follicular phase of her cycle (day eight), and the second sample in mid luteal phase (day 22). In both phases her progesterone were low (29/30 mg/ml), with attendant significant LH elevations (>250 Iu/l Ul U/ml), consistent with anovulation and no corpus luteum formation. Her estradiol were 15 and 13 mg/ml (high range post menopause).

Panel™ (®PeriM™) were obtained. Her Adrenal Stress Index Panel™ (Diagram 1) showed a combination of low awakening cortisol and a low overall cortisol output. Her DHEA output was low as well. Significantly, her 17-OH Progesterone (the next step on the steroid hormone synthesis pathway from both progesterone and 17-Alpha pregnanetalone to form cortisol) was significantly below normal.

The original of her Expanded Peri Menopausal Panel™ was taken roughly in the mid follicular phase of her cycle (day eight), and the second sample in mid luteal phase (day 22). In both phases her progesterone were low (29/30 mg/ml), with attendant significant LH elevations (>250 Iu/l Ul U/ml), consistent with anovulation and no corpus luteum formation. Her estradiol were 15 and 13 mg/ml (high range post menopause).

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Flexi-Matrix™ Customized Test Panels

Flexi-Matrix™ test kits allow you to combine more than one panel, with the exception of BHP, FHP, eFHP, PeriM and ePeriM. When combining panels, be sure to include the individual tests listed under each of the panels. Flexi-Matrix™ customized test kits are the most economic way of customizing test panels and profiles to meet your clinical needs, saving you 20-70% off individual test fees.

- Choose 3 or more individual tests from the list shown on pages 4-6 of the Test and Fee Schedule. (Excludes DPD Bone Marker Test and CS1 Swab Culture for Yeast.)
- Be sure to read detailed instructions and fill out the requisition form included in each collection kit.
- You will always receive the lower price when your customized panel is identical to a standard panel.

HIGHLIGHTS IN THIS EDITION

2. Case Study: Assessing Stress in Peri-Menopausal Woman Using Diagnos-Techs™ AS™ and ePostM ™ Panels

4. Educational Pathways: In-house Seminars with Dr. Dent – Office Visits & Online Meetings

6. Tips from Customer Service: Important HIPAA Information

7. Clinical Pearls

Resources for You

- Insurance Billing, Technical Services, Streeting Contact Info
- “Build Your Own Panel”
- “Customized Test Panels”
- “Non-Invasive Specimen Collection”
- “An Update on the Status of Endocrine Testing”
- “The Heart of Diagnos-Techs™ is the Clinical Laboratory. When samples are received in the lab, they are immediately reviewed for completeness of patient data and consistency of samples with the tests requested.”
- “Testing is completed, usually in one to three days, and the results are collected in a master database for review and report preparation. Reports can be mailed, faxed or emailed directly to the ordering provider. After a provider has reviewed the results, they can speak to a medical advisor to interpret the results and assist in the preparation of a treatment plan customized specifically to an individual patient.”

The Status of Hormone Testing – An Update

John White, MD, CM

In 2008, The Endocrine Society published guidelines for the diagnosis of Cushing’s Syndrome. One of the four recommended initial screening tests is late night salivary cortisol (two measurements). References (as documented by Read et al) are provided to show:

- “free cortisol in the blood is in equilibrium with cortisol in the saliva”
- “the concentration of salivary cortisol does not appear to be affected by a change in the rate of salivary production”
- “an increase in blood cortisol is reflected by a change in the salivary cortisol concentration within a few minutes”
- “the best validated assays are an ELISA (Enzyme-Linked Immunosorbent Assay) technique, and an assay performed by LC-MS/ MS” (mass spectrometry) and they “yield a 92-100% specificity and a 93-100% specificity.”

Diagnos-Techs™ has provided a temporal adrenal cortisol profile for patients since 1989. (AM, noon, late afternoon, PM). All hormone assays at Diagnos-Techs™ are performed using ELISA technology, and all standards have been verified using mass spectrometry (LC/MS). These effective and proven assay techniques offer very accurate cortisol results, valid not only for the night cortisol assessment, but for cortisol samples taken at other times during the day. This provides assessment of circadian rhythm for stressed patients. The statements

Why Choose Diagnos-Techs™?

- Non-Invasive Specimen Collection

Whether you are ordering the Gastrointestinal Health Panel™, the Female Hormone Panel™ or any of the other panels Diagnos-Techs™ offers, using non-invasive specimen collection is a low-stress path on the road to wellness for your patients.

Visit us on Facebook!

www.facebook.com/diagnostechs