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Accession # 15-ASI

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DIAGNOS-TECHS, INC
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Results For:
MALE PATIENT - SAMPLE REPORT
Age/DOB:29 / 01/01/1986 Sex:Male
Dx Code: Not Provided
Patient's Tel:
Specimen Collected:07/29/2015

Test	Description	Result		Ref Values
ASI	**Adrenal Stress Index (Original) - Saliva**			
TAP	**Free Cortisol Rhythm - Saliva**			
	06:00 - 08:00 AM	28	Elevated	13-24 nM
	11:00 - 1:00 PM	11	Elevated	5-10 nM
	04:00 - 05:00 PM	3	Normal	3-8 nM
	10:00 - Midnight	1	Normal	1-4 nM
	Total Cortisol Output:	43		***22 - 46 nM***

The Total Cortisol Output is the sum of the four cortisol values and reflects overall cortisol output. Elevated values may indicate hypercortisolism or exogenous exposure, and low values suggest adrenal hypofunction.

Figure 1. Circadian Cortisol Profile

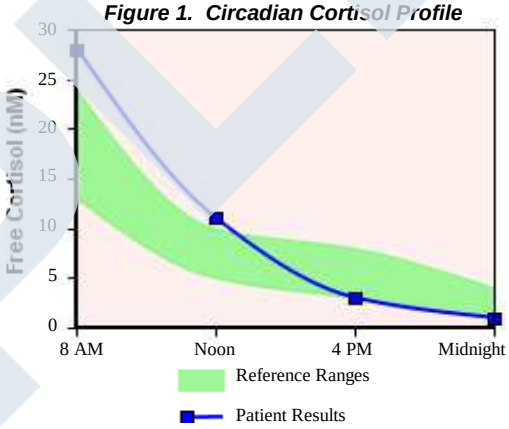


Figure 2.

The cortisol inducers fall into five broad categories shown in the adjacent flowchart. For optimization of the hypothalamic-pituitary-adrenal (HPA) axis, all cortisol inducers should be examined and addressed.

Inducers of Cortisol Release
Inducers below must be individually examined for successful restoration of adrenals.

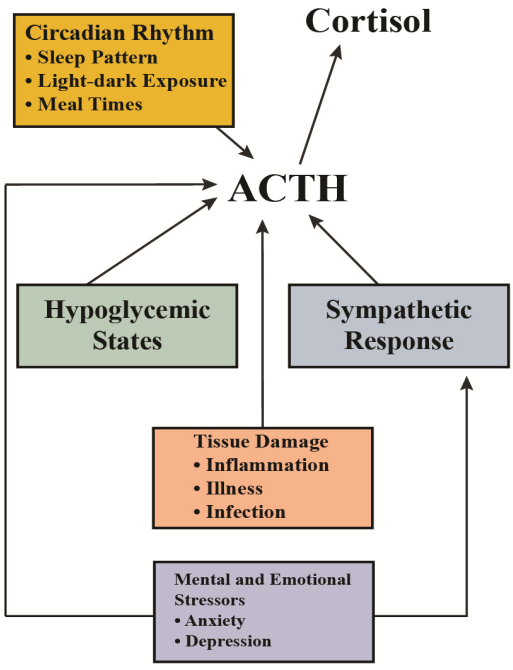


Figure 2.

Remarks:

Test	Description	Result	Ref Values

DHEA **Dehydroepiandrosterone Free** **[DHEA + DHEA-S]**

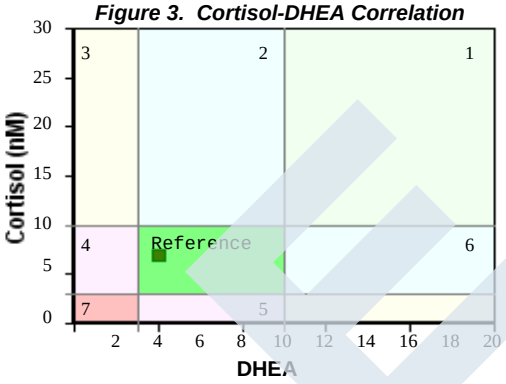
Pooled Value	4	Normal	Adults (M/F): 3-10 ng/ml

Figure 3 **shows your cortisol-DHEA correlation was in:**

Reference zone

Individuals with values in the reference zone display a balance in the average cortisol and average DHEA/DHEA-S production for the time and day of collection. Falling in the reference zone does not preclude other manifestations of suboptimal adrenal function such as improper circadian rhythm (particularly involving morning or bedtime cortisol production).

Figure 3. Cortisol-DHEA Correlation



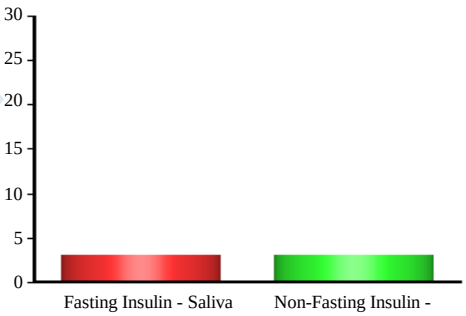
CORTISOL-DHEA CORRELATION SPECTRUM

1. Acute stress response: high cort, DHEA
2. High cortisol, declining DHEA
3. High cortisol, low DHEA
4. Low DHEA, declining cortisol
5. Low cortisol, transient DHEA recovery
6. Transient DHEA elevation
7. Adrenal hypofunction: low cort, DHEA

ISN **Insulin - Saliva**

Fasting	<3	Borderline Elevated: 3-11 uIU/mL Elevated: > 11 uIU/mL
Non-Fasting	3	Borderline Elevated: 6-25 uIU/mL Elevated: > 25 uIU/mL

Figure 4a. Insulin Levels



Note: As of June 9, 2015 reference ranges have been updated to reflect ongoing research and analysis.

Why Test for Insulin?
Insulin activity is affected by the stress response. Chronic stress with cortisol elevation may counteract the effects of insulin, and may lead to functional insulin resistance.

General Information about insulin values:

Fasting: This insulin value may be elevated in cases of insulin resistance.

Non Fasting: This insulin value varies with type of meal and time of sample collection. This value may also be elevated in cases of insulin resistance.

Test	Description	Result		Ref Values
P17-OH	**17-OH Progesterone**	23	Normal	Adults Optimal: 22-100 pg/ml Borderline: 101-130 pg/ml Elevated: >130 pg/ml

Figure 5. Adrenal Steroid Synthesis Pathway

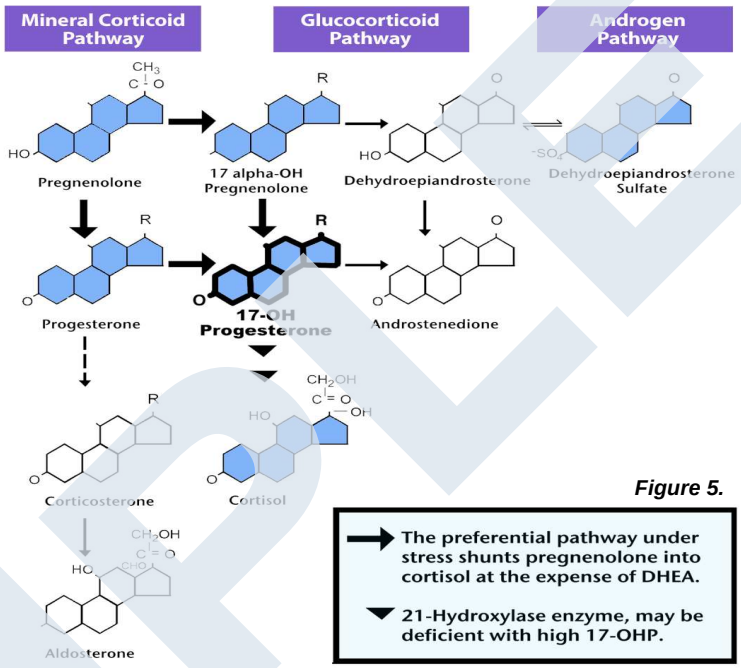


Figure 5.

MB2S	**Total Salivary SIgA**	5	Borderline Low	Borderline Low: 5-9 mg/dL Normal: 10-20 mg/dL Borderline High: 21-25 mg/dL

Depressed sIgA may be associated with chronic stress, allergies, upper respiratory tract infections, and/or selective IgA deficiency. Consider serum immunoglobulin testing to rule out IgA deficiency. Beginning July 1, 2015, total salivary sIgA (MB2S) cannot be reported unless a non-cotton vial is received.

Note: As of February 1, 2014 reference ranges have been updated to reflect ongoing research and analysis.

General Information About sIgA

1. Secretory IgA (sIgA) is the predominant antibody found on mucosal membranes throughout the body.
2. sIgA exists as a dimer of two individual IgA combined with a secretory component that helps protect sIgA from enzymatic degradation.
3. One main function of sIgA is immune exclusion, binding to antigens and preventing their adherence and admittance into the body. Typically, sIgA moderates the mucosal inflammatory response.

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Accession: **15-ASI** Continue Results For: SAMPLE REPORT, MALE PATIENT -

Test	Description	Result		Ref Values
FI4	**Gliadin Ab, SIgA (Saliva)**	10	Negative	Borderline: 13-15 U/ml Positive: >15 U/ml

There is an expected increase in the frequency of false-negatives to Gliadin with decreasing total secretory IgA levels that occurs in IgA suppressed individuals. Contextualize findings into overall clinical picture.

Beginning July 1, 2015, gliadin sIgA (FI4) cannot be reported unless a non-cotton vial is received.

Notes on Gliadin Ab Test

Gliadins are proteins found in wheat, rye, barley and other grains, which may trigger an immune reaction in some individuals. A negative SIgA reaction to gliadin does not rule out all adverse reactions to gluten. A positive SIgA response to gliadin may warrant further diagnostic workup and/or dietary elimination trial in some individuals. Lab results should be used in context of the entire clinical picture.

NOTE: Patients on a gluten-free diet who have not been exposed to gluten for 3 months or more should have a negative SIgA response to gliadin.

For additional resources, including examples of treatment protocols, please logon to our website at www.diagnostechs.com and go to Client Resources -> Download Forms -> Example Treatment Protocols

COURTESY INTERPRETATION of test and technical support are available upon request, to Physicians Only