



Provider:

Patient Info:

Age:48 **Gender:**F

Menopausal Status:

Sample Collection **Date/Time**

Urine 12/12/2015 0750

Wake Up Time 0700

Samples Arrived 12/18/2015

Results Reported 12/24/2015

Neurotransmitter Test	Result	Units	Reference Range			Reference Range	
			L	WR	H		
Serotonin	72.83	µg/gCr				74.13 - 111.19	INHIBITORY
GABA	1.40	µMol/gCr				2.67 - 6.74	
Dopamine	141.80	µg/gCr				139.1 - 208.7	EXCITATORY
Norepinephrine	12.26	µg/gCr				28.07 - 42.11	
Epinephrine	1.60	µg/gCr				3.36 - 5.05	
Glutamate	43.18	µMol/gCr				60.69 - 91.03	
N/E Ratio	7.65					<10.0	
Creatinine	139.78	mg/dL					
Specific Gravity	1.014						

NT Neurotransmitter Interpretations:

- The pan low neurotransmitter levels are consistent with the reported mood concerns, stress, diminished drive, fatigue and cravings.
- Low serotonin may contribute to anxiety/depression and a sense of discontentment. Diminished serotonin may also be implicated in poor sleep quality and subsequent fatigue upon awakening as well as muscle and body aches and over-all lassitude. Tryptophan, L-theanine, and 5 HTP influence this pathway.
- Low GABA may be associated with anxiety, worry, poor impulse control and/or decreased sleep quality. L-theanine, GABA, and glutamine influence this pathway, while phenibut exerts GABA like effects.
- Low range dopamine is often associated with difficulty concentrating and decreased libido and may be associated with increased addiction, repetitive behaviors and other stimulation seeking activities. L-tyrosine, L-theanine, and Mucuna pruriens influence this pathway.
- Low norepinephrine and epinephrine levels may be associated with depression and mood changes as well as fatigue, difficulty concentrating, decreased ability to stay focused on tasks and diminished sense of personal/professional drive. L-tyrosine, L-theanine, and Mucuna pruriens influence this pathway.
- Low glutamate may be associated with increased addictive tendencies including food seeking behaviors and can contribute to mental fatigue and diminished mental stimulation. L-glutamine is a precursor in this pathway.
- Therapeutic considerations include targeted amino acid supplementation, nervine and adaptogenic herbs, vitamin D, methylation support, and L-theanine. The reported low to low range monoamine neurotransmitters may be associated with genetic disruptions in methylation and/or suboptimal quantities of required co-factors. Further testing may be warranted.

Notes:

*Creatinine has no diagnostic value and is measured solely for calculation of neurotransmitter levels.
*Neurotransmitter test results are for investigational use only.

Jay H. Mead MD FASCP
Labrix Clinical Services, Inc Medical Director



Please indicate the symptoms you are experiencing as: 0 (none), 1 (mild), 2 (moderate), 3 (severe).
 For example if you are moderately anxious you would indicate this by darkening the 2 next to 'anxious' e.g. 0 1 2 3 Anxious

Symptoms

ALL INDIVIDUALS

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> 1 2 3 Difficulty Concentrating | <input checked="" type="checkbox"/> 1 2 3 Excessive Worry | <input checked="" type="checkbox"/> 1 2 3 Constipation | <input checked="" type="checkbox"/> 1 2 3 Weight Gain-Waist |
| <input checked="" type="checkbox"/> 1 2 3 Increased Forgetfulness | <input checked="" type="checkbox"/> 1 2 3 Difficulty Falling Asleep | <input checked="" type="checkbox"/> 1 2 3 Goiter | <input checked="" type="checkbox"/> 1 2 3 High Cholesterol |
| <input checked="" type="checkbox"/> 1 2 3 Foggy Thinking | <input checked="" type="checkbox"/> 1 2 3 Difficulty Staying Asleep | <input checked="" type="checkbox"/> 1 2 3 Cold Body Temperature | <input checked="" type="checkbox"/> 1 2 3 Elevated Triglycerides |
| <input checked="" type="checkbox"/> 1 2 3 Tearful | <input checked="" type="checkbox"/> 1 2 3 Decreased Stamina | <input checked="" type="checkbox"/> 1 2 3 Hoarseness | <input checked="" type="checkbox"/> 1 2 3 Decreased Libido |
| <input checked="" type="checkbox"/> 0 1 2 3 Depressed | <input checked="" type="checkbox"/> 0 1 2 3 Diminished Motivation | <input checked="" type="checkbox"/> 1 2 3 Hair Dry or Brittle | <input checked="" type="checkbox"/> 1 2 3 Decreased Muscle Size |
| <input checked="" type="checkbox"/> 0 2 3 Mood Swings | <input checked="" type="checkbox"/> 1 2 3 Fibromyalgia | <input checked="" type="checkbox"/> 1 2 3 Nails Breaking or Brittle | <input checked="" type="checkbox"/> 1 2 3 Decreased Flexibility |
| <input checked="" type="checkbox"/> 1 2 3 Fluid Retention/Bloating | <input checked="" type="checkbox"/> 1 2 3 Ringing in Ears | <input checked="" type="checkbox"/> 1 2 3 Slow Pulse Rate | <input checked="" type="checkbox"/> 1 2 3 Burned Out Feeling |
| <input checked="" type="checkbox"/> 1 2 3 Cold Extremities | <input checked="" type="checkbox"/> 1 2 3 Allergies | <input checked="" type="checkbox"/> 1 2 3 Rapid Heartbeat | <input checked="" type="checkbox"/> 1 2 3 Sore Muscles |
| <input checked="" type="checkbox"/> 0 1 2 3 Stress | <input checked="" type="checkbox"/> 1 2 3 Headaches/Migraines | <input checked="" type="checkbox"/> 1 2 3 Heart Fluttering/Palpitations | <input checked="" type="checkbox"/> 1 2 3 Increased Joint Pain |
| <input checked="" type="checkbox"/> 0 1 2 3 Anxious | <input checked="" type="checkbox"/> 1 2 3 Dizzy Spells | <input checked="" type="checkbox"/> 1 2 3 Incontinence | <input checked="" type="checkbox"/> 1 2 3 Neck or Back Pain |
| <input checked="" type="checkbox"/> 0 2 3 Irritable | <input checked="" type="checkbox"/> 0 2 3 Sugar Cravings | <input checked="" type="checkbox"/> 1 2 3 Hot Flashes | <input checked="" type="checkbox"/> 1 2 3 Bone Loss |
| <input checked="" type="checkbox"/> 0 2 3 Nervous | <input checked="" type="checkbox"/> 1 2 3 Addictive Behavior | <input checked="" type="checkbox"/> 1 2 3 Night Sweats | <input checked="" type="checkbox"/> 1 2 3 Thinning Skin |
| <input checked="" type="checkbox"/> 0 2 3 Decreased Mental Sharpness | <input checked="" type="checkbox"/> 1 2 3 Poor Impulse Control | <input checked="" type="checkbox"/> 1 2 3 Infertility Problems | <input checked="" type="checkbox"/> 1 2 3 Rapid Aging |
| <input checked="" type="checkbox"/> 0 2 3 Morning Fatigue | <input checked="" type="checkbox"/> 1 2 3 Obsessive Behavior (OCD) | <input checked="" type="checkbox"/> 1 2 3 Acne | <input checked="" type="checkbox"/> 1 2 3 Aches and Pains |
| <input checked="" type="checkbox"/> 0 1 2 3 Afternoon Fatigue | <input checked="" type="checkbox"/> 1 2 3 Craving Food, Alcohol,
Tobacco, or Other | <input checked="" type="checkbox"/> 1 2 3 Scalp Hair Loss | <input checked="" type="checkbox"/> 1 2 3 IBS |
| <input checked="" type="checkbox"/> 0 1 2 3 Evening Fatigue | | <input checked="" type="checkbox"/> 1 2 3 Weight Gain-Hips | Height (inches) <u>5'5</u>
Weight (lbs) <u>208</u> |

Personal/Family History of: Breast, Uterine, or Ovarian Cancer

WOMEN ONLY

MEN ONLY

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1 2 3 Vaginal Dryness | <input checked="" type="checkbox"/> 1 2 3 Tender Breasts |
| <input checked="" type="checkbox"/> 1 2 3 Irregular Periods | <input checked="" type="checkbox"/> 1 2 3 Fibrocystic Breasts |
| <input checked="" type="checkbox"/> 1 2 3 Uterine Fibroids | <input checked="" type="checkbox"/> 1 2 3 Increased Facial/Body Hair |
- Last Menses: / /

- | |
|--|
| <input checked="" type="checkbox"/> 0 1 2 3 Decreased Urine Flow |
| <input checked="" type="checkbox"/> 0 1 2 3 Increased Urinary Urge |
| <input checked="" type="checkbox"/> 0 1 2 3 Prostate Problems |
| <input checked="" type="checkbox"/> 0 1 2 3 Decreased Erections |

List all hormone(s) you have used in the past 2 months, including hormonal birth control (see example).
 If none are used, check here:

Hormone Use

HORMONE THERAPIES	Example	1	2	3	4
Name of Hormone	Testosterone				
Brand or Source	Compounded				
Delivery	Topical				
Amount (mg)	1 mg				
Date & Time Last Used Prior to Sample Collection	MM / DD / YY 8:30 (AM) PM				
How Often	Once a day/everyday				
How Long Used	For 10 months				

AMINO ACIDS

ANTI-ANXIETY / DEPRESSION / PSYCHOTIC MEDICATIONS (Date & Time Last Taken)

- | | | |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> 5-HTP | <input type="checkbox"/> Melatonin | <input type="checkbox"/> Tryptophan |
| <input type="checkbox"/> GABA | <input type="checkbox"/> SAMe | <input type="checkbox"/> Tyrosine |
| <input type="checkbox"/> Glutamine | <input type="checkbox"/> Theanine | |

Date & Time last taken prior to sample collection:

/ / : AM | PM

1	2	3

COMMENTS: (Please do not use additional sheets of paper)