



## Saliva Hormone Test Report

<i>Doctor ID</i> 6206		<i>Patient Name</i> Doe, Jane		
<i>Age</i> 55	<i>Sex</i> F	<i>Date of Birth</i>	<i>Accession #</i> 150000	<i>Test Code</i> 3117
<i>Date Collected</i>		<i>Date Received</i>	<i>Date Reported</i> 1/1/2011	<i>Tech</i> CAV
<i>Comments</i>				

*Doctor Name and Address:*

Sample Report

Fax:

Phone:

Test	Result	Abnormal Result	Normal Range
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<b>Cortisol Morning</b>	11.1 ng/mL	<b>High</b>	3.7-9.5 ng/mL
<b>Cortisol Noon</b>	3.7 ng/mL	<b>High</b>	1.2-3.0 ng/mL
<b>Cortisol Evening</b>	1.6 ng/mL		0.6-1.9 ng/mL
<b>Cortisol Night</b>	1.5 ng/mL	<b>High</b>	0.4-1.0 ng/mL