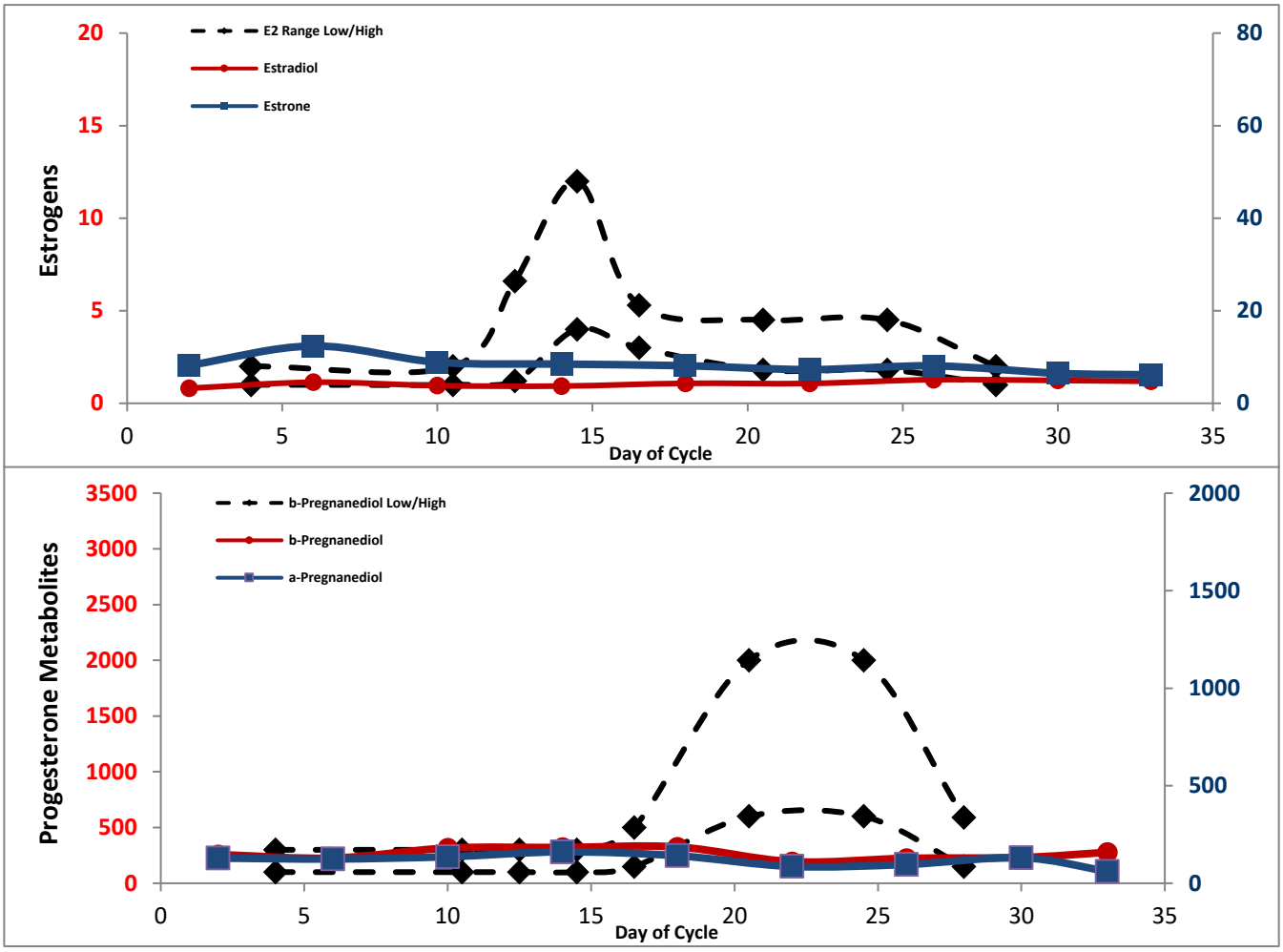
[redacted] D.O.B. [redacted]
Collection Dates 5/7-6/8-2019

DUTCH - Cycle Mapping

Monthly Pattern of Urinary Estrogen and Progesterone Metabolites



All values given in ng/mg creatinine

Measurement	1	2	3	4	5	6	7	8	9
Day of Cycle	2	6	10	14	18	22	26	30	33
Estradiol (E2)	0.8	1.1	1.0	0.9	1.1	1.1	1.3	1.2	1.2
Estrone (E1)	8.2	12.4	8.9	8.5	8.1	7.3	8.1	6.5	6.1
a-Pregnanediol	129	124	136	161	141	86	96	131	61
b-Pregnanediol	257	226	316	321	326	194	223	231	277
b-Pg / E2 Ratio	316	199	330	344	302	181	175	187	234

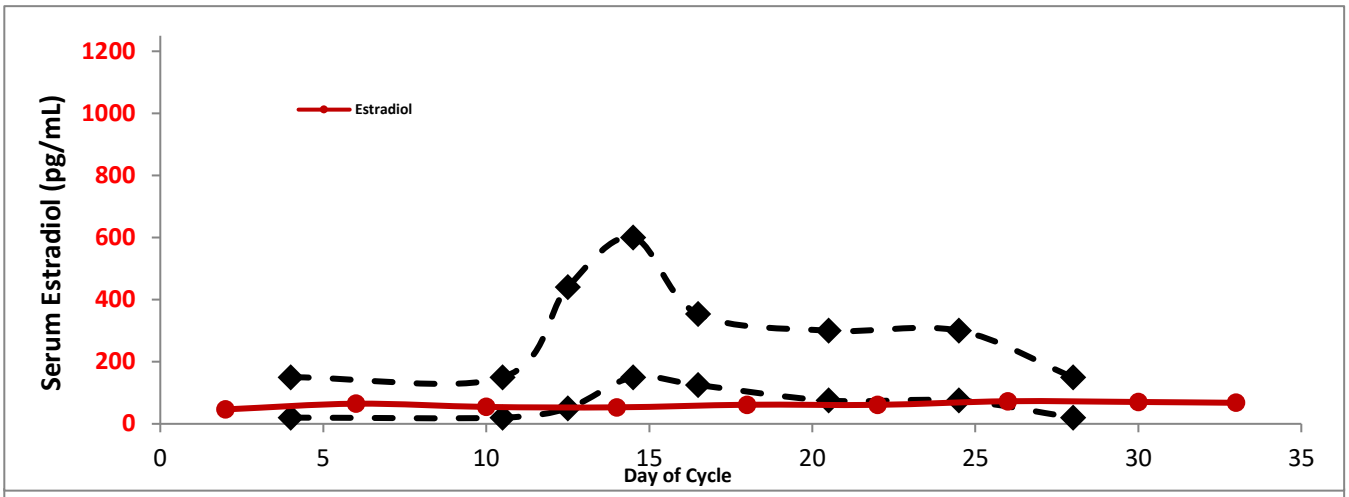
Normal Ranges	Follicular	Ovulatory	Luteal	Postmenopausal
Estradiol	1-2ng/mg	4-12ng/mg	1.8-4.5ng/mg	0.3-0.9ng/mg
Estrone	4-12ng/mg	22-68ng/mg	12-26ng/mg	3.0-9.0ng/mg
a-Pregnanediol	25-100ng/mg	25-100ng/mg	120-740ng/mg	15-50ng/mg
b-Pregnanediol	100-300ng/mg	100-300ng/mg	450-2300ng/mg	60-200ng/mg
b-Pg / E2 Ratio	50-300	<100	100-500	50-300

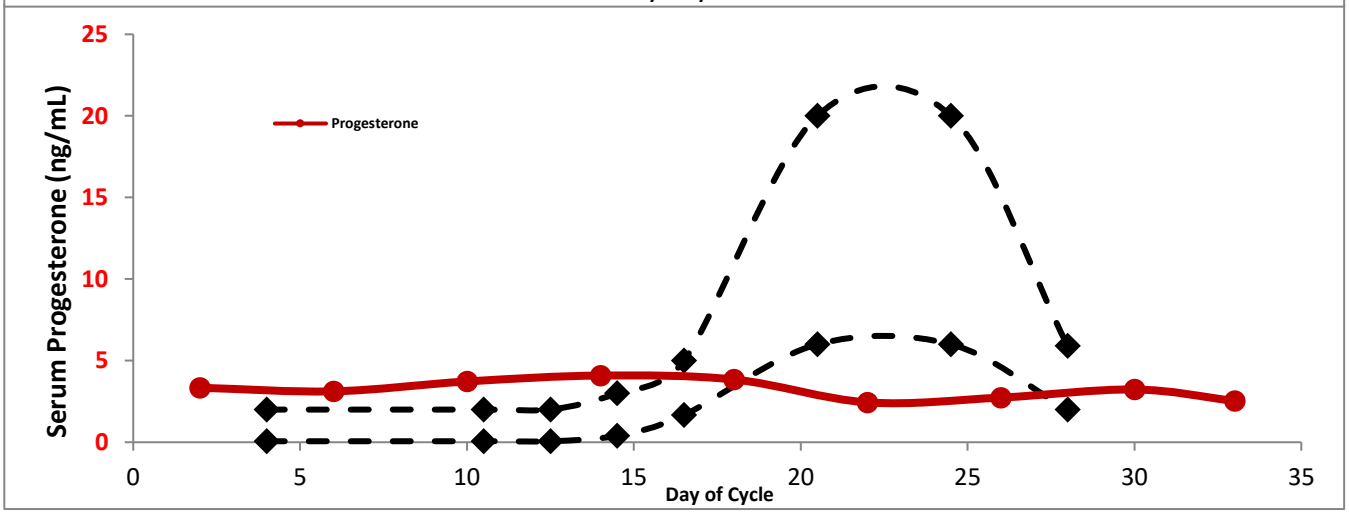
Measurements are made from individual samples and/or two-day sample averages to give an optimized overview of the hormone patterns

[redacted] Name: [redacted] D.O.B. [redacted]
Provider: Nutrisearch Collection Dates 5/7-6/8-2019

DUTCH - Cycle Mapping

Monthly Pattern of Estradiol and Progesterone - Serum Equivalent Estimates*





Measurement	1	2	3	4	5	6	7	8	9
Day of Cycle	2	6	10	14	18	22	26	30	33
Estradiol(pg/mL)	46.5	64.8	54.5	53.1	61.5	61.2	72.8	70.4	67.8
Progesterone(ng/mL)	3.3	3.1	3.7	4.1	3.8	2.4	2.7	3.23	2.53

*Values given on this page are based on research in which women's serum (estradiol and progesterone) and urine metabolites (estradiol and a/b-pregnanediol) were both measured. Actual serum measurements were not made for this patient. These values are "research only" and are for informational purposes. The "serum equivalent" numbers are plotted with a luteal reference range of 75-300pg/mL for estradiol and 6-20ng/mL for progesterone based on serum lab values for healthy, premenopausal women. While the correlation between this test and blood levels is excellent, actual serum values may differ somewhat if measured.

REQUISITION FORM

****BOTH SIDES OF FORM MUST BE COMPLETED****
Fill out with blue or black ink only

Requisition Accession 2019-06-24

Requisition Accession 2019-06-24

*Provider Section - Completion required for testing

ORDERING HEALTHCARE PROVIDER

A FERREIRA

Nutrisearch LTD
1105 Plunket St
St Leonards
Hastings 4120
New Zealand

Dep. Paid BP

PATIENT INFORMATION

Patient Name (last, first) | Date of Birth (MM/DD/YY)

Email Address | ☒ Female

Address | Apartment

City | State | Country | Zip

Day Phone | Cell Phone | Height | Weight

☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ Asian
☐ Black or African American ☐ American Indian or Alaska Native ☒ White

☒ **DUTCH Complete™ + DUTCH Cycle Mapping™**
Adrenal + Sex Hormone Metabolites + OATs
Estradiol (9), Estrone (9), a-Pregnanediol (9), b-Pregnanediol (9), Cortisol (4), Cortisone (4), Cortisol Metabolites (3), Creatinine (4), Progesterone (2), Androgen (8), Estrogen Metabolites (8), 8-OHdG, Melatonin (6-OHMS), Organic Acid Tests (6)

☐ **DUTCH Cycle Mapping™ Only**
Estradiol (9), Estrone (9), a-Pregnanediol (9), b-Pregnanediol (9)

☐ **DUTCH Cycle Mapping™ + Adrenal**
Cortisol (4), Cortisone (4), Creatinine (4), Cortisol Metabolites (3), DHEA-S

☐ **DUTCH Cycle Mapping™ + Sex Hormones**
Progesterone (2), Androgen (8), Estrogen Metabolites (8)

ICD-10 Codes (USA Only) Include one or more codes.
Codes pertaining to adrenal hormones (optional):

Codes pertaining to sex (reproductive) hormones (optional):

WOMEN

Menstrual Cycles
☒ None ☐ Regular ☐ Irregular

Have you had any ovaries removed?
☐ Yes ☒ No

If Yes, how many?
☐ One ☐ Two

Have you had your uterus removed?
☐ Yes ☒ No

Have you had a uterine ablation?
☐ Yes ☒ No

Pregnant: ☐ Yes ☒ No

Birth Control: ☐ Yes ☒ No

If Yes, please specify and include in the birth control history below.

CYCLE INFORMATION

First Day of Last Menses **Before** Testing: (MM/DD/YY)

First Day of Menses **While** Testing: (MM/DD/YY)

If you are having periods, what are the lengths (i.e. 28 days) of your last three cycles (as best as you can remember), starting with the last cycle before beginning the test?

Most Recent _____ **Days**
2 Cycles Ago _____ **Days**
3 Cycles Ago _____ **Days**

What is the length of this cycle being tested? (Example 28 days)

_____ Days

HORMONES AND PRESCRIPTION MEDICATION INFORMATION

NOTE: Discontinue any estrogen, progesterone, or pregnenolone therapy for this test unless otherwise instructed by your provider.

Please complete the following information for any hormones or prescription medications you are taking. "Date Last Used" is the last time you took the hormones or medication before finishing the test.

Hormone/Medication	How Did you Take It? (i.e. Oral, Vaginal, Gel, etc.)	Dose (mg)	Date Last Used	Length of Use

Are you currently struggling with infertility? ☒ Yes ☐ No
Do you suffer from symptoms of PMS? ☒ Never ☐ Sometimes ☐ Moderate ☐ Severe
If yes, which part of your cycle do you struggle the most with PMS symptoms?

PLEASE LIST YOUR HISTORY OF TAKING BIRTH CONTROL PRODUCTS.

Please write the type taken, when you took it, and how long you've discontinued it. This should include IUDs (especially those with hormones), pills, injections, or any other hormonal form of birth control.

yaz - discontinued in 2016 - took intermitondly for about 6 months - 1 year.

LAB USE ONLY

RECEIVED
JUN 20 2019
BY:

dutchtest
CYCLE MAPPING
3138 NE Rivergate St., Suite #301C · McMinnville, OR 97128
(503) 687-2050 | dutchtest.com

DISEASE STATES

	I do not suspect I have this	I suspect I may have this	I have been diagnosed with this
Addison's Disease	☐	☐	☐
Adrenal Insufficiency	☐	☐	☐
Chronic Fatigue	☐	☐	☐
Cushing's Disease	☐	☐	☐
High Blood Pressure	☐	☐	☐
Hyperthyroidism (Overactive)	☐	☐	☐
Hypothyroidism (Underactive)	☐	☐	☐
Kidney Disease	☐	☐	☐
Type 2 Diabetes	☐	☐	☐
Polycystic Ovary Syndrome	☐	☐	☑

FATIGUE

Please Rate Your Fatigue Level During The Day

0 = Never/None
1 = Sometimes/Mild
2 = Often/Moderate
3 = Always/Severe

	0	1	2	3
Morning Fatigue	☐	☑	☐	☐
Afternoon Fatigue	☐	☐	☑	☐
Evening Fatigue	☐	☑	☐	☐

Please List any Current/Recent Medical Diagnosis Not Listed Elsewhere On This Form

PLEASE CHECK SYMPTOMS YOU ARE EXPERIENCING AND RATE THE OVERALL CATEGORY.

0 = Never/None 1 = Sometimes/Mild 2 = Often/Moderate 3 = Always/Severe

Category	Symptoms You Are Experiencing	Category Rating 0 1 2 3
Androgen Excess	☐ Loss of Scalp Hair ☐ Increased Body or Facial Hair ☐ Acne	☐ ☐ ☐ ☐
Androgen Deficiency	☐ Vaginal Dryness ☑ Decreased Sex Drive/Libido	☐ ☐ ☑ ☐
Estrogen Excess	☐ Tender or Fibrocystic Breasts ☐ Mood Swings ☐ Uterine Fibroids ☐ Heavy Bleeding	☐ ☐ ☐ ☐
Estrogen Deficiency	☐ Hot Flashes ☐ Night Sweats ☐ Vaginal Dryness	☐ ☐ ☐ ☐

ADDITIONAL SYMPTOMS

0 = Never/None
1 = Sometimes/Mild
2 = Often/Moderate
3 = Always/Severe

	0	1	2	3
Trouble Falling Asleep	☐	☑	☐	☐
Trouble Staying Asleep	☐	☑	☐	☐
Depression	☐	☑	☐	☐
Anxiety	☐	☐	☑	☐
Migraines	☑	☐	☐	☐

WHICH BEST DESCRIBES YOU?

- ☐ Underweight
- ☑ At ideal weight
- ☐ 5-20 lbs Overweight
- ☐ >20 lbs Overweight

Are you struggling to lose weight? ☐ Yes ☐ No

WHAT ARE THE TOP ISSUES YOU HOPE THIS TEST WILL HELP YOU RESOLVE?

- loss of period.
- healthy ovulation for pregnancy.

PLEASE LIST ANY ADDITIONAL MEDICATIONS OR SUPPLEMENTS YOU ARE CURRENTLY TAKING.

Generactive formulation D
vitamin D3 + k2
Fish oil + DHA
N-A-C
CoQ10
Dong Quai
Magnesium cal
potassium.
Borage oil.

Patient notes—please list anything about your sample collection or medical situation that you feel may be important for this lab test.

- I had almond flour on final day testing.
- Test date 25-5-19 was a very small amount of urine.

BOTH SIDES MUST BE COMPLETED

No Cycle

If menstrual cycles, but no menstruation

COLLECTION SCHEDULE

Your 25 urine collection devices are tracked in numerical order using the "Sample" column.

COLLECTION #1

Start any day

Collect samples #1–16 every other day.

Fill in the date on the chart to help keep track of each sample you collect.

Samples #17–21 will not be needed. After completing sample #16 on day 31, skip day 32.

On day 33, collect the ***Last 4 Samples****.

See **Last 4 Samples collection schedule.*

SAMPLE	CYCLE	DATE
#1	Day 1	7·5·19
#2	Day 3	9·5·19
#3	Day 5	11·5·19
#4	Day 7	13·5·19
#5	Day 9	15·5·19
#6	Day 11	17·5·19
#7	Day 13	19·5·19
#8	Day 15	21·5·19
#9	Day 17	23·5·19
#10	Day 19	25·5·19
#11	Day 21	27·5·19
#12	Day 23	29·5·19
#13	Day 25	31·5·19
#14	Day 27	2·6·19
#15	Day 29	4·6·19
#16	Day 31	6·6·19
#17		
#18		
#19		
#20		
#21		

These samples will not be needed. Skip to the last four samples on day 32.

Last 4 Samples

	SAMPLE	TIME	DATE
A	#22	6:30 am	8·6·19
B	#23	8:40 am	8·6·19
C	#24	17:00	8·6·19
D	#25	21:00	8·6·19

If you miss a collection simply collect the following day and continue the schedule as listed.

Cut around the dotted line and return this chart with your samples.

Welcome

You will be collecting a series of samples throughout the course of one menstrual cycle. View our cycle mapping collection video on our website **dutchtest.com/videos/sample-collection** and follow the instructions as best as you can.

Cycling:

Day 1 of your cycle should be considered the first day with menstrual flow (not just spotting). Collection will begin on the seventh day of your cycle.

The Last 4 Samples* **#22–#25** will be collected on the fourth day after your next cycle start date.

Non Cycling:

(Functional ovaries without regular menstrual bleeding)

Start collections any day. (see reverse for specific instructions).

Let's Get Started

You will use only one schedule and ignore the others. To help you keep track of the 25 samples, fill in the date of collection on your schedule **AND** on each urine collection device. Collect your samples **directly upon waking** on the days listed.

Which schedule should I use?

Simply Answer: **How long is your typical cycle?**

Normal Cycle	Less than 34 days
Long Cycle	34 days or more
No Cycle	Cycle without bleeding-partial hysterectomy, ablation

NOTE: It is typically required to discontinue any estrogen or progesterone therapy for this test.