

ICL Accession: ICL-123456789  
 Keel Accession: 243050003

**Health Care Professional**  
 Healthcare Provider

**Patient:** FIRST NAME LAST NAME  
 Tel: +14166304567  
 Email: sample@keel.digital  
 Sex: Female  
 Age: 44 yr  
 Date of Birth: Jan. 1, 1980  
 Height: 5 feet 6 inches  
 Weight: 145 lbs  
 1st day of last menses: 2024-10-05  
 Menstrual status: Regular

'''  
**Copy To:** Healthcare Provider  
 Sample Type: Saliva (self-collection)

Sample collection:  
 2024-10-30 8:00 a.m.  
 2024-10-30 12:00 p.m.  
 2024-10-30 4:00 p.m.  
 2024-10-30 11:00 p.m.

Sample Received: 2024-10-31 11:22 a.m.  
 Report issued: 2024-10-31 1:40 p.m.

## Endo Complete + Melatonin

Cortisol(C) ng/ml		
		Reference range
Waking	<b>5.4</b>	2.0 - 10.76
Afternoon	<b>1.1</b>	0.74 - 3.55
Evening	<b>0.5</b>	0.55 - 3.14
Bedtime	<b>0.1</b>	0.6 - 1.0
TOTAL	<b>7.1</b>	3.5 - 20.5

17-β Estradiol(E2) pg/ml		
		Reference range
Female		
21-50 years	Follicular phase	3.1 - 6.4
	Mid cycle	4.9 - 11.9
	Luteal phase	3.6 - 6.3
51-75 years	Post Menopausal	3.0 - 7.5
Male		
		2.1 - 4.1

DHEA-S(DS) ng/ml		1.2
		Reference range
Female		0.2 - 2.5
Male		0.2 - 2.7

Progesterone(PG) pg/ml		
		Reference range
Female		
	Follicular phase	30.3 - 51.3
	Luteal phase	87.3 - 544.3
	Post Menopausal	21.0 - 69.0
Male		
		19.0 - 58.0

TOTAL C:DS RATIO		5.9:1
		Reference range
		4:1 to 5:1

Testosterone(T) pg/ml		
		Reference ranges
Age(years)	Male	Female
Less than 20	Range not applicable	
20 - 29	36.3 - 117.9	7.4 - 42.5
30 - 39	28.6 - 83.9	7.1 - 42.5
40 - 49	27.2 - 81.8	6.5 - 42.5
50 - 59	27.1 - 77.2	5.8 - 42.5
60-69	21.6 - 73.0	5.3 - 34.2
Greater than 69	Range not applicable	

PG:E2 RATIO		16.3:1
Optimal (Luteal Phase): 100:1 to 300:1 when E2 1.2-3.3 pg/ml		

Melatonin(M) pg/ml		
		Reference range
Daytime	<b>0.3</b>	0.1 - 8.0

All reference ranges are derived from a normal distribution of results that encompasses 95% of randomly selected healthy individuals.

ICL Accession: ICL-123456789  
 Keel Accession: 243050003

**Health Care Professional**  
 Healthcare Provider

**Patient:** FIRST NAME LAST NAME

'''  
**Copy To:** Healthcare Provider

