om: Integrative Psychiatry (intpsych@verizon.net)
:
ıte: Thursday, December 11, 2008 9:37:22 PM
bject: test results

DTI# 289605

(Canada)

Last updated on 2008-12-11

ex: Male
ate of birth: [illegible]-11-28
hone: 5
rovider: Integrative Psychiatry

Received: 2008-12-03
Reporting Date: 2008-12-10
Date Logged: 2008-12-03

Measured value	Result	Time	Optimal Range	Therapeutic Range	Observed Range
DHEA-Saliva (pg/ml)	**1172.8**	09:00 AM	Female: 200-400 Male: 250-450 Prepubescent: 50-300 *PM concentrations for DHEA can be significantly lower than AM concentrations	Not established	Female: 80-1100 Male: 100-1200 *PM concentrations for DHEA can be significantly lower than AM concentrations
Cortisol-Saliva (ng/ml)	H **14.6**	09:00 AM	2-4 AM: <1.0 7 AM: 7.0-10 Noon: 3.0-6.0 5 PM: 2.0-4.0 10 PM: <1.5	N/A 1) Indicates: Blood detected, which may cause a falsely elevated result.	7 AM: 8.0-15 Noon: 3.0-7.0 5 PM: 2.0-4.0 10 PM: <1.5 2-4 AM: <1.0
	4.8	01:00 PM			
	2.6	05:00 PM			
	H **2.8**	09:00 PM			
Epinephrine-Urine * (µg/gCr)	**9.6**10	:00 AM	Day: 8-11 Night: 3-6	Day: 8-12 Night: 1-3	1-25
Norepinephrine-Urine * (µg/gCr)	**40.1**	10:00 AM	Day: 35-45 Night: 15-25	Day: 30-65 Night: 20-30	5-75
Dopamine-Urine * (µg/gCr)	L **99.3**	10:00 AM	Day: 125-175 Night: 80-120	Day: 200-350 Night: 125-250	48-435
Serotonin-Urine * (µg/gCr)	L **70.2**	10:00 AM	Day: 125-175 Night: 100-175	Day: 200-650 Night: 120-250	15-335

ABA-Urine * (mol/gCr)	H **5.410**	:00 AM	Day: 1.5-4.0 Night: 1-3	Day: 5-10 Night: 5-8	0.5-18
lutamate - Urine */** (mol/gCr)	**18.3**	10:00 AM	Day: 15-35 Night: 10-25	N/A.	3-125
EA-Urine */** (mol/gCr)	**31.7**	10:00 AM	Day: 30-70 Night: 21-50	N/A.	10-190
istamine-Urine */** (g/gCr)	**19.8**	10:00 AM	Day: 10-20 Night: 5-15	N/A	5-45
reatinine-Urine (ng/dL)	**317.9**	10:00 AM	N/A	N/A	N/A
easured value	**Result**	**Time**	**Optimal Range**	**Therapeutic Range**	**Observed Range**

OMMENTS:

mments made by NeuroScience are only guidelines. Any recommendation/therapeutic decision is solely the responsibility of the healthcare provider. This formation is intended for healthcare providers only. For more information, please visit our website at www.neuroscienceinc.com.

e following statements are based on specific specimen collection times. Specimens submitted without time labels are interpreted as being collected at 8:00 AM.

inephrine-Urine * is normal. Norepinephrine-Urine * is normal. Serotonin-Urine * is suboptimal. Dopamine-Urine * is suboptimal. GABA-Urine * is elevated. A-Urine */** is normal. Histamine-Urine */** is normal. Glutamate - Urine */** is normal.

TENTION: Coinciding with the introduction of improved laboratory methodologies, reference ranges for all neurotransmitters have been updated and are effective on tober 31st, 2008. These new ranges will not apply to results reported before this date, and note that appropriate reference ranges were reported with earlier results. r your convenience, NeuroScience has included both the previous and updated ranges for all retest results. Reference ranges are subject to regular reviews.

ase 1: Weeks 1-4 (see explanation below)

lm-PRT 3-4 capsules 30 minutes prior to evening meal.

avaCor 1-3 capsules an hour before bedtime. X NOT IF L-TRYPTHAN

ase 2: Weeks 5 and on (see explanation below)

lance D 1-3 capsules 30 minutes prior to morning meal and 1-3 capsules 30 minutes prior to afternoon meal.

avaCor 1-3 capsules 30 minutes prior to evening meal and 1-3 capsules an hour before bedtime.

etest in 4-6 weeks if current level of progress is unsatisfactory. If quality of life has improved, follow up testing is suggested in 3-4 months to verify neurotransmitter lance and determine if adjustments are necessary.

ase 1 is the first step in balancing neurotransmitters and, therefore, may not target all neurotransmitters. During this phase, improvements in anxiousness, mood, sleep may be observed. Side effects are generally mild, may include nausea, vomiting, or GI upset, and typically subside with continued product use. Side effects ay also subside when doses are lowered or taken with food. Extending Phase 1 may be necessary if the individual is still experiencing excess stimulation.

ase 2 generally continues until neurotransmitter levels have been optimized and health is improved. During this phase, doses may be adjusted, and a retest may be