



Lab Request ID  
**331582**

Generated on 7/31/2009 3:39 PM

## Report Information

• Health Care Professional	• Patient	
<b>Sample Reports</b> <b>Johnny Smith, MD</b> 456 Yellow Brick Road Any Town, WI 54789	<b>Jane Doe</b> Anywhere Ave Any Town, CA 68306	<b>Gender:</b> Female <b>Date of Birth:</b> Jan 30, 1975 <b>Age:</b> 34 years <b>Phone:</b> 789-555-1212 <b>Wake up time:</b> 06:00 AM

### • Order Details

**Samples received:** July 02, 2009 \* wake up time of 8:00 AM is assumed in case time not provided  
**Order:** Panel 9128 (NeuroAdrenal Expanded)

## Test Results

### 9128 - NeuroAdrenal Expanded

#### Hormone

##### • Adrenal Hormones

Cortisol	Result	Sample Time	Optimal Range	Reference Range	ng/ml
	2.1	7:45AM 6/27/2009	7 AM: 7.0-10 Noon: 3.0-6.0 5 PM: 2.0-4.0 10 PM: <1.5	7 AM: 8.0-15.0 Noon: 3.0-7.0 5 PM: 2.0-4.0 10 PM: <1.5	
	1.2	12:05PM 6/27/2009			
	1.5	4:45PM 6/27/2009			
	0.7	10:00PM 6/27/2009			

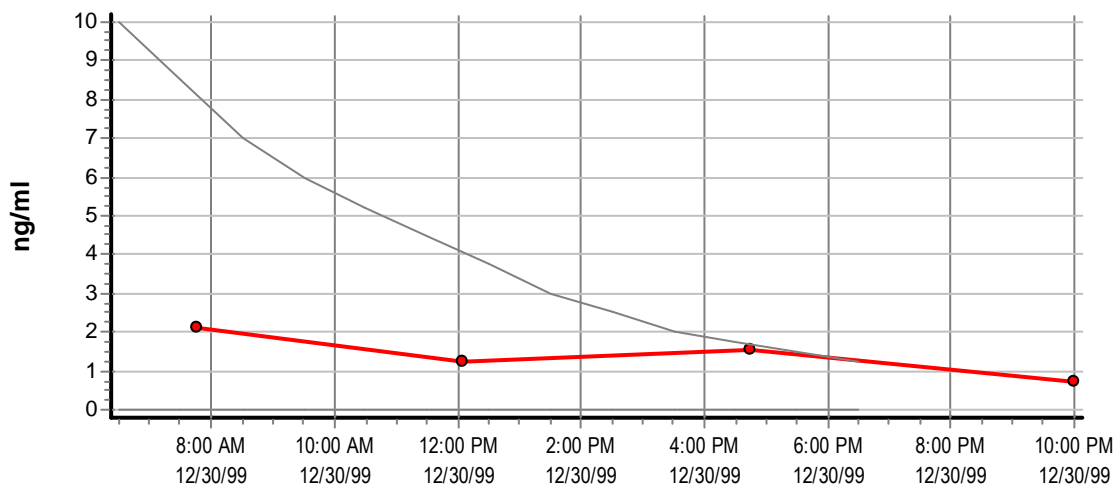


Chart: Cortisol Results of Report 331582

Note: Gray line(s), if present, indicate optimal values/range

9128 - NeuroAdrenal Expanded

(continued)

Hormone

(continued)


• Adrenal Hormones

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DHEA	Result	Sample Time	Optimal Range	Reference Range	µg/ml
	182.4	7:45AM 6/27/2009	Female: 200-400 Male: 250-450 Pre-pubescent: 50-300	Female: 80-1100 Male: 100-1200 *PM concentrations for DHEA can be significantly lower than AM concentrations	

Neurotransmitter


Epinephrine	Result	Sample Time	Optimal Range	Reference Range	µg/gCr
	6.2 Low	8:45AM 6/27/2009	Day: 8-11 Night: 3-6	1.0 - 25.0	



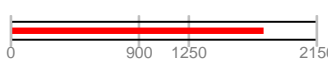
Norepinephrine	Result	Sample Time	Optimal Range	Reference Range	µg/gCr
	15.4 Low	8:45AM 6/27/2009	Day: 35-45 Night: 15-25	4.5 - 93.0	




Dopamine	Result	Sample Time	Optimal Range	Reference Range	µg/gCr
	165.4 Optimal	8:45AM 6/27/2009	Day: 125-175 Night: 80-120	48 - 435	



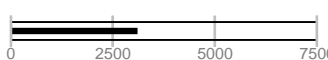
DOPAC	Result	Sample Time	Optimal Range	Reference Range	mg/gCr
	1,761.5 Elevated	8:45AM 6/27/2009	Day: 900-1250 Night: 600-900	120.0 - 3500.0	



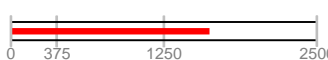
Serotonin	Result	Sample Time	Optimal Range	Reference Range	µg/gCr
	66.3 Low	8:45AM 6/27/2009	Day: 125-175 Night: 100-175	15.0 - 335.0	



5-HIAA	Result	Sample Time	Optimal Range	Reference Range	µg/gCr
	3,054.6 Optimal	8:45AM 6/27/2009	Day: 2,500-5,000	858.0 - 12,000.0	




Glycine	Result	Sample Time	Optimal Range	Reference Range	µMol/gCr
	1,607.7 Elevated	8:45AM 6/27/2009	Day: 375-1,250 Night: 350-1,000	150.0 - 11,500.0	



Taurine	Result	Sample Time	Optimal Range	Reference Range	µMol/gCr
	109.3 Low	8:45AM 6/27/2009	Day: 150-550 Night: 100-250	12.0 - 7,000.0	



GABA	Result	Sample Time	Optimal Range	Reference Range	µMol/gCr
	2.0 Optimal	8:45AM 6/27/2009	Day 1.5-4.0 Night: 1-3	0.5 - 18.0	



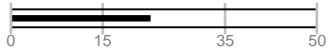
9128 - NeuroAdrenal Expanded

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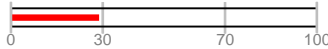
Neurotransmitter

(continued)


<b>Glutamate</b>	Result	Sample Time	Optimal Range	Reference Range	μMol/gCr
	22.5 Optimal	8:45AM 6/27/2009	Day: 15-35 Night: 10-25	3.0 - 125.0	



<b>PEA</b>	Result	Sample Time	Optimal Range	Reference Range	nmol/gCr
	28.2 Low	8:45AM 6/27/2009	Day: 30-70 Night: 21-50	10.0 - 190.0	



<b>Histamine</b>	Result	Sample Time	Optimal Range	Reference Range	μg/gCr
	18.5 Optimal	8:45AM 6/27/2009	Day: 10-20 Night: 5-15	5.0 - 45.0	



<b>Creatinine</b>	Result	Sample Time	Optimal Range	Reference Range	mg/dL
	421.5 Optimal	8:45AM 6/27/2009		40.0 - 400.0	

## Customized Recommendation

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### • Phase 1: Weeks 1-2

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**Tyrosine Spray** ..... 2-4 sprays 30 minutes prior to morning meal and 2-4 sprays 30 minutes prior to noon meal.

**TravaCor** ..... 1-3 capsules an hour before bedtime.

### • Phase 2: Week 3 on

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**AdreCor** ..... 1/2-1 scoop or 3-5 capsules 30 minutes prior to morning meal and 1/2-1 scoop or 3-5 capsules 30 minutes prior to noon meal.

**Tyrosine Spray** ..... 2-4 sprays 30 minutes prior to morning meal and 2-4 sprays 30 minutes prior to noon meal.

**TravaCor** ..... 1-3 capsules an hour before bedtime.

## Physician Information

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### • Phase 1: Weeks 1-2

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Phase 1 is the first step in balancing the Neuro-Endocrine-Immune (NEI) Connection<sup>®</sup> and may not target all neurotransmitters. Products recommended in Phase 1 are generally calming and commonly provide support for the serotonergic and GABAergic systems. The addition of catecholamine support too early may result in over-stimulation and therefore is only suggested during Phase 1 when symptoms of excessive fatigue are present. During phase 1, improvements in anxiousness, mood, over-stimulation, behavior, and sleep may be observed. Side effects are generally mild, and may include: nausea, vomiting, GI upset or anxiousness. Most common side effects typically subside with continued product use, lowering of doses, or when products are taken with food. Extending Phase 1 may be necessary if the individual is still experiencing over-stimulation.

### • Phase 2: Week 3 on

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Phase 2 introduces complete catecholamine support to promote energy, elevate mood, and improve concentration and focus. Phase 2 generally continues until neurotransmitter levels have been optimized and symptoms are improved. During this phase, doses may be adjusted, and a retest is recommended to achieve optimal results. The duration of Phase 2 is variable, with a minimum length of 3-months, and is dependent upon individual responses. Some individuals may require long-term maintenance dosing, which can be determined upon retesting.

#### **Retesting**

Retesting may be performed sooner and more frequently at the onset of intervention to modify protocols and address an individual's symptoms. In general, the first retest is recommended to be performed 4-6 weeks after the onset of clinical intervention, or sooner if symptom relief is unsatisfactory. Regular annual reassessment is frequently done to monitor NEI Connection<sup>®</sup> status.

## Product Information

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### • *Tyrosine Spray*

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Tyrosine spray is recommended to support catecholamine production. It is supplied in a sublingual liposomal formula that allows for rapid absorption when an increase in norepinephrine is desired.

Tyrosine Spray is used to quickly reduce fatigue, increase concentration, and improve mood. It is frequently recommended for low norepinephrine levels, reduced hypothalamic-pituitary-adrenal axis activity, and to support healthy sleep-wake cycles.

Key Ingredients:

- N-acetyltirosine is the precursor to norepinephrine

Liposomal preparations are fat-soluble, therefore enhancing a molecule's absorption through lipid bi-layer cell membranes, including the endothelial cells of the blood-brain barrier. It is also ideal for individuals who prefer to avoid capsules.

Tyrosine Spray is available in a black cherry flavor. Each spray delivers 40 mg of N-acetyltirosine. There are approximately 180 sprays per bottle.

### • *TravaCor*

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TravaCor is recommended to support serotonin production and modulate GABA and glutamate activity. It has been specially formulated to increase serotonin levels, enhance GABA<sub>A</sub> receptor function, and block glutamate receptors.

TravaCor is commonly used to improve mood and sleep quality, reduce cravings, and decrease anxiousness. It is frequently recommended for patients with low levels of serotonin, elevated levels of glutamate, and to support GABA activity.

Key Ingredients:

- 5-HTP crosses the blood-brain barrier and is a direct precursor to serotonin
- L-theanine is a glutamate receptor antagonist
- Taurine is a GABA<sub>A</sub> receptor agonist
- Vitamin B6 is a necessary cofactor for serotonin and GABA production
- Vitamin B12 supports the nervous system and is a cofactor in metabolism

TravaCor is available in vegetable capsules in a 120 count bottle; it is also available a children's version with smaller size capsules (TravaCor Jr.).

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**• AdreCor**

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AdreCor is recommended to support adrenal gland function. It is uniquely designed to enhance adrenal production of epinephrine, norepinephrine, and cortisol.

AdreCor is used to promote energy, improve concentration, and reduce fatigue. It is frequently recommended for patients with low levels of epinephrine, norepinephrine, and cortisol.

**Key Ingredients:**

- *Rhodiola rosea* extract (standardized to 16% rosavins), in low concentrations, stimulates norepinephrine and epinephrine release
- N-acetyltirosine enhances norepinephrine production
- L-methionine supports methylation pathways, which facilitate the conversion of norepinephrine to epinephrine
- Vitamins B and C support adrenal gland function including cortisol production

AdreCor is available in vegetable capsules in a 180 count bottle and a citrus-flavored powder. Five capsules are equivalent to one scoop of powder. A small scoop is also available upon request for use with children.