

PATIENT: Sample Report					TEST REF: #######		
TEST NUMBER:	#######	RECEIVED:	mm/dd/yyyy				
PATIENT NUMBER:	#######	TESTED:	mm/dd/yyyy	PRACTITIONE	R: Nordic Laboratories		
GENDER:	Female	COLLECTED:	mm/dd/yyyy				
AGE:	63						
DATE OF BIRTH:	mm/dd/vyvy						

TEST NAME: Complete Thyroid Profile (TSH, FT3, FT4, & TPO) - BLOODSPOT

Test Name	Result		Units	Range
Free T4 (Blood Spot)	0.6	L	ng/dL	0.7-2.5
Free T3 (Blood Spot)	2.4	L	pg/mL	2.5-6.5
TSH (Blood Spot)	7.3	Н	μU/mL	0.5-3.0
TPO (Blood Spot)	120		IU/mL	0-150 (70-150 borderline)

Therapies

oral Vitamin D3 (OTC)

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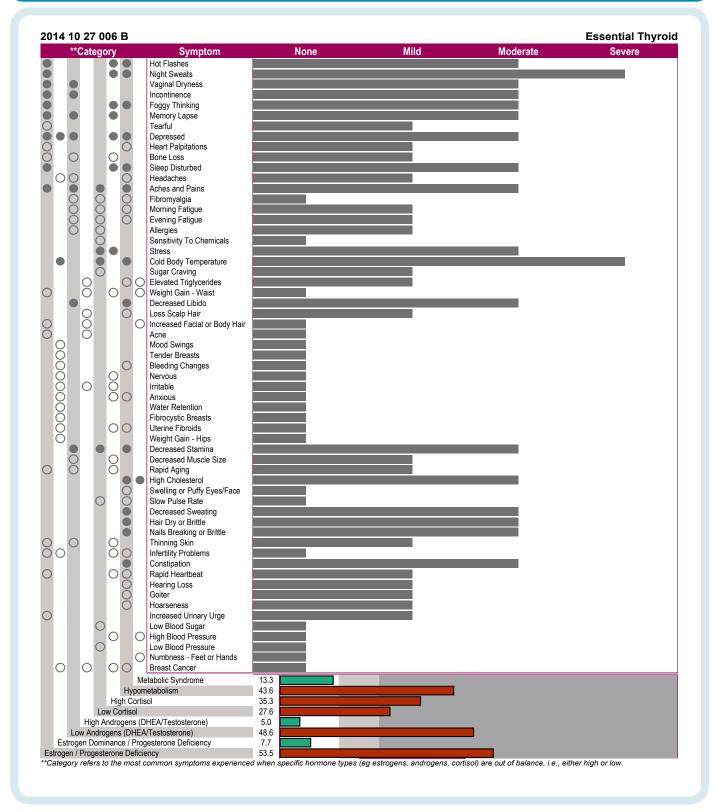


PATIENT: Sam	TEST REF: #######					
TEST NUMBER:	#######	RECEIVED:	mm/dd/yyyy	DD 4 OTITION ED		AL 19 1 1 1 1
PATIENT NUMBER:	#######	TESTED:	mm/dd/yyyy	PRACTITIONER:	EH:	Nordic Laboratories
GENDER:	Female	COLLECTED:	mm/dd/yyyy			
AGE:	63					

TEST NAME: Complete Thyroid Profile (TSH, FT3, FT4, & TPO) - BLOODSPOT

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DATE OF BIRTH:



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PATIENT: Sam	ple Report	TEST REF:	#######		
TEST NUMBER:	#######	RECEIVED:	mm/dd/yyyy	DDAOTITIONE	D. Navdialahavataviaa
PATIENT NUMBER:	#######	TESTED:	mm/dd/yyyy	PRACTITIONE	Nordic Laboratories
GENDER:	Female	COLLECTED:	mm/dd/yyyy		
AGE:	63				
DATE OF BIRTH:	mm/dd/yyyy				

TEST NAME: Complete Thyroid Profile (TSH, FT3, FT4, & TPO) - BLOODSPOT

2014 10 27 006 B Essential Thyroid

Lab Comments

This individual should be considered as clinically hypothyroid with low free T4, low free T3 and high TSH. Signs/symptoms of hypothyroidism often include: fatigue, decreased stamina, depression, rheumatic pain, sleep disturbances, cold extremities or feeling cold, reduced body temperature, brittle nails, dry course hair, dry skin, hair loss, infertility, low libido, puffy eyes and face, decreased sweating, menorrhagia, and/or constipation. Many of these symptoms are self-reported as problematic. Thyroid treatment is strongly advised, as repercussions of prolonged hypothyroidism may be severe. Mortality, especially in elderly, is higher for those admitted to the hospital for non-thyroid diseases. This may be due to increased sensitivity to anesthesia, analgesics, narcotics, increased anemia, hypoventilation, lower sodium and/or impaired temperature control. Treatment with combination T4 and T3 or T3 alone (slow release) is likely to be more successful that just T4 supplementation alone, particularly since high stress hormones such as cortisol increase T4 conversion to reverse T3, an inactive form of T3. Adrenal monitoring for cortisol by saliva testing is STRONGLY advised before commencing thyroid therapy. Thyroid therapy can increase preexisting problems of hypoadrenia (low cortisol) by increasing liver metabolism and clearance of cortisol.

Thyroid peroxidase (TPO) antibodies are borderline positive, suggesting a possible evolving issue with Hashimoto's autoimmune thyroiditis. If symptoms of thyroid dysfunction become more problematic it would be worthwhile to recheck TPO levels. Antibodies to this enzyme may cause an increase in autoimmune dysfunction around the thyroid causing an increase in inflammatory cytokines, increased T cells, and NK cell function. The autoimmune reaction to the thyroid tissue results in destruction of the thyroid cells with consequent release of high levels of thyroid hormones (T4 and to a lesser extent T3), which results in a hyperthyroid state. Continued destruction of the thyroid gland results in fibrosis and eventual depletion of the thyroid hormone, thus causing a hypothyroid state. Clinical studies show that selenium supplementation is helpful in decreasing TPO antibody levels and thus helps prevent autoimmune destruction of the thyroid gland (Duntas et al. Eur J Endocrinology 148: 389-393, 2003).

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