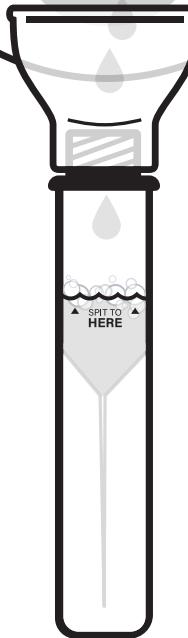


Testosterone



NONINVASIVE HORMONE SALIVA TESTING

Generally speaking, hormones found in the bloodstream are mostly (95-99%) bound to carrier proteins (hormone-binding globulins, albumin). In this form they are unavailable for use by target tissues in your body. When experiencing symptoms of excess or deficiency, we look to measure those free (1-5%) of unbound hormones.^[1]

Unlike blood testing, hormone testing using saliva is not only easy and pain-free, it also has the unique ability through sensitive molecular testing to accurately measure the current bioavailable amount of hormone available to your body's target tissues. **For this reason, saliva testing better relates to specific symptoms of excess and deficiency**

Hormones exist in delicate harmony with one another—partners in an important and intricate balancing act. When levels are in balance, body systems are generally stable. When levels fall out of balance, normal function may be disrupted. Knowing the signs, understanding the symptoms, and testing helps to support and maintain a normal, healthy, and directed hormonal balance as well as help keep other possible chronic disorders and diseases at bay.

Testosterone levels should be monitored 3 to 6 months after initiation of treatment.^[2]

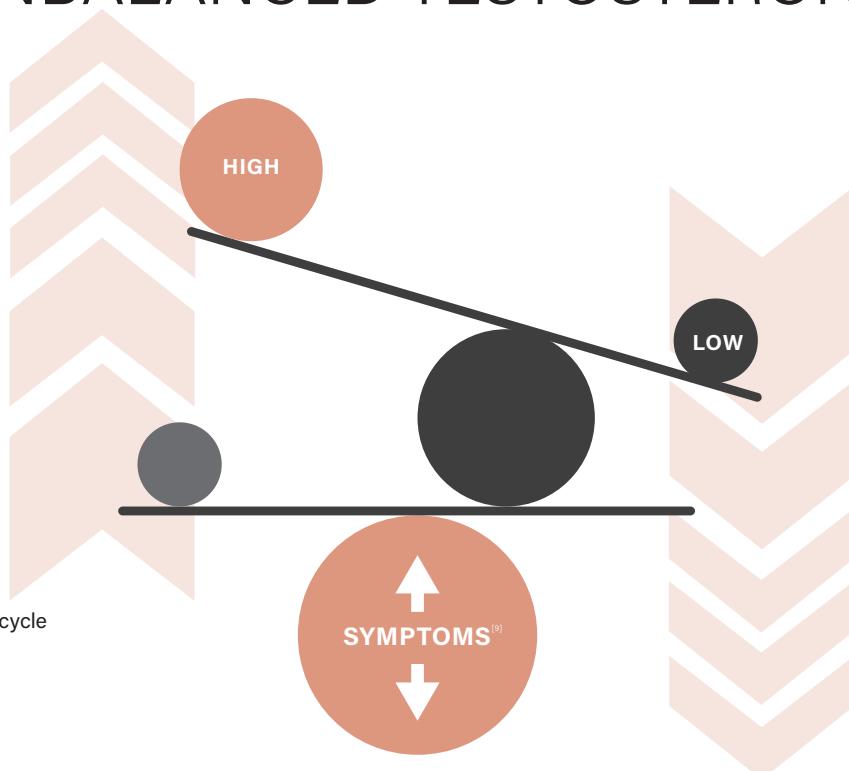
SYMPTOMS & EFFECTS OF UNBALANCED TESTOSTERONE

MEN

- Aggressive
- Irritable
- Acne/oily skin
- Worsening Obstructive Sleep Apnea
- Increase in muscle mass
- Lower sperm count/production
- Shrunken testicles

WOMEN

- Excess acne/oily skin
- Abnormal hair growth
- Male pattern hair loss
- Deepening of voice
- Enlarged clitoris
- Smaller breast size
- Irregular or no menstrual cycle
- Weight gain
- Prolonged infertility
- Insulin resistance (post-menopause)
- Increased muscle mass



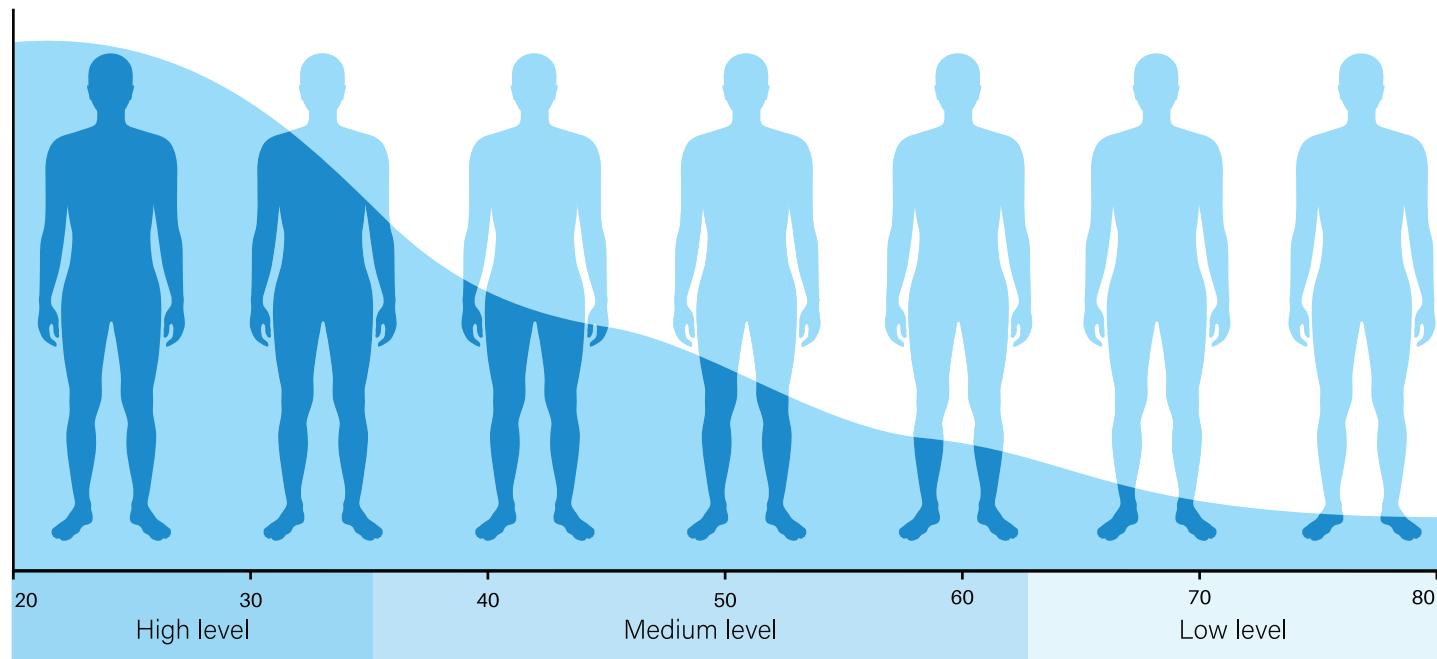
MEN

- Loss of muscle
- Hair loss
- Low sex drive
- Low energy
- Weight gain
- Depression
- Loss of motivation
- Reduced testicle size
- Sleep disturbances
- Erectile dysfunction
- Difficulty building muscle
- Brittle bones

WOMEN

- Thinning hair
- Drier skin
- Low/no sex drive
- Loss of muscle mass
- Increased body fat
- Increased anxiety
- Depression
- Brittle bones
- Sleep disruption
- Vaginal dryness

AVERAGE TESTOSTERONE LEVELS BY AGE



Why do we need testosterone?

Testosterone is a hormone produced by the male and female reproductive organs and adrenal glands. It is essential for the development of sexual characteristics, including muscle mass and bone density. It also plays a critical role in the formation of male reproductive organs such as the testes and prostate gland.^[3]

Are low testosterone levels dangerous?

Testosterone plays an important role in physical and mental health causing depression and irritability. Low levels of testosterone can display weakened bones, higher fat percentage, and reduced muscle strength.^[4]

How often should you get testosterone testing after the initial report?

To identify potential imbalances and to determine how effective hormonal treatment is, testosterone levels should be monitored. This should be done typically every three to six months. This ensures that the levels are within the desired range.^[7]

What is the importance of understanding your testosterone levels?

It is important for patients to be informed about their testosterone levels. This helps them identify any underlying medical conditions and make informed health choices.^[8]

Does the saliva test sample need to be sent in for analysis immediately? Will it need to be stored at a specific temperature?

After collecting a saliva sample using the SimplyTest saliva collection kit, testing samples will be preserved and stabilized safely inside the collection device at room temperature for over a 10 days. It is strongly recommended however, to mail samples to the lab for testing the same or next day.

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[2] [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255853/#:~:text=Testosterone%20levels%20should%20be%20monitored,patches%20\(11%2C%2013%\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255853/#:~:text=Testosterone%20levels%20should%20be%20monitored,patches%20(11%2C%2013%).)

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[10] Cunningham, G., & Toma, S. (2011). Why is androgen replacement in males controversial? *The Journal of Clinical Endocrinology & Metabolism*, 96(1), 38-52. <https://doi.org/10.1210/jc.2010-1658>