

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/17/1981  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Estradiol (Adult Premenopausal Females or Individuals on Estrogen Hormone Therapy)**

ARUP test code 0070045

Estradiol by Immunoassay 391 pg/mL

INTERPRETIVE INFORMATION: Estradiol by Immunoassay

This immunoassay is not recommended when low estradiol concentrations, such as those found in children, cisgender males, and postmenopausal females, are expected, or for monitoring antiestrogen (e.g., aromatase inhibitor) therapy. The preferred estradiol test in these cases is Estradiol (Adult Males, Children, Postmenopausal Females, or Individuals on Estrogen-Suppressing Hormone Therapy) (ARUP test code 0093247).

No reference intervals have been established for prepubertal females or for cisgender males. For a complete set of all established reference intervals, refer to [td.aruplab.com/Tests/Pub/0070045](http://td.aruplab.com/Tests/Pub/0070045).

Estradiol by Immunoassay, Adult Premenopausal

Female  
Follicular phase .....27-122 pg/mL  
Mid Cycle phase .....95-433 pg/mL  
Luteal Phase .....49-291 pg/mL  
Post-Menopausal ....Less than 41 pg/mL

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Estradiol by Immunoassay	23-086-122699	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at: