

FUNCTIONAL PATHOLOGY

1868 DANDENONG ROAD CLAYTON VIC 3168 PH: 1300 554 480

PATIENT:

RASHID VIC TEST

3 CHAPPEL ST
FOOTSCRAY VIC 3011
PH: 95386742

DOB: 16/11/1989 SEX: FEMALE

UR#: REF:

REQUEST DETAILS:

LAB REF: 17-4675482-SMT-0

REFERRED: 22/02/17

COLLECTED: 27/02/17 07:30

REPORTED: 24/04/17 11:51

TESTED: 01/03/17

BATCH: 0 0

TESTING SYSTEMS DEPARTMENT

IT DEPARTMENT
1868 DANDENONG ROAD
CLAYTON VIC 3168

SALIVARY HORMONE - MELATONIN

SPECIMEN: Saliva

Date 27/02/2017
Collection Time 07:30
Request 17-4675482

Baseline Hormones

		Units	Reference Range
Salivary Melatonin (AM)	144*	pmol/L	< 14
Salivary Melatonin (PM)	66	pmol/L	40 - 150

Female and Male Melatonin Reference and Target Ranges

Time	Melatonin pmol/L Ref. Range	Melatonin pmol/L Target Range
6 am	<14	5
12 midnight	40 - 150	95

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ALL TESTS COMPLETE

PANEL CODES: SMT-R

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Melatonin comments

Melatonin is a neuropeptide predominantly produced by the pineal gland. Melatonin is secreted in a distinct circadian rhythm - stimulated by darkness, inhibited by light and independent of sleep. The phase of the circadian rhythm is influenced by day length or artificial light. The levels of melatonin in the body tend to decrease with age and low levels may result in sleep disturbances such as insomnia, poor immune function, depression and other mood disorders.

Result	Possible causes	Treatment Considerations
Low Melatonin	<ul style="list-style-type: none"> Increasing age Lack of sleep Prolonged light phase of the day Exposure to bright lights or electromagnetic fields, including regular long haul flights or night shift work Excessive exercise at night Decreased production by the pineal gland or increased metabolism by the liver Stress, especially if high cortisol Certain drugs including SSRIs, benzodiazepines, NSAIDs, anti-hypertensive, beta-blockers, calcium channel blockers and steroids Excess coffee, tobacco and alcohol High dose Vitamin B12 supplementation 	<ul style="list-style-type: none"> Regular, adequate sleep is the major controlling factor in maintaining levels if low Address any adrenal dysfunction Decrease exercise, exposure to bright light and exposure to electromagnetic fields at night Melatonin or St Johns Wort supplementation Vitamin B3, Vitamin B6, calcium & magnesium may support the production of melatonin Avoid stimulants such as caffeine and nicotine
High Melatonin	<ul style="list-style-type: none"> Melatonin or tryptophan supplementation Extended nocturnal dark phase Certain drugs such as MAO inhibitors, fluvoxamine and despiramine Herbs including St Johns Wort and cannabis Decreased metabolism by the liver High levels are associated with seasonal affective disorder (SAD) 	<ul style="list-style-type: none"> Exposure to bright light in the morning Exercise in evening if previously exercising in day Support Phase II detoxification Reassess need for nutritional and herbal support

Comments:

As of 11/08/2015 please note the new unit and reference range for melatonin. The methodology for melatonin testing has been changed.

NATA accreditation does not cover the performance of this service.

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