The Ultimate Lab Test Checklist

for Women and AFAB Individuals

Hey there Lovely! Kori Rae here, Registered Nurse and Cyclical Health Educator. I created this Ultimate Lab Guide to empower you with knowledge when it comes to lab work! Let’s face it, going to the doc’s can be intimidating, and unless they bring it up, we likely aren’t going to ask to get poked and prodded. As women and AFAB (assigned female at birth) individuals, it’s vital for us to take our power back when it comes to our health. Labs like blood, urine, or stool tests, and pap or mammogram screenings can give us important information about our health! These tests give us great insight into the state of our body and help inform healthcare providers (and us!) on how to care for our health.

A couple things to keep in mind when reading this guide:

1. **These are GENERAL recommendations for lab tests.** By no means is this an exhaustive list based on every person’s health history. You and your health care provider must work together as a team to decide which tests are right for you. Keep in mind, YOU are the ultimate decision maker for your healthcare… if you think you need a specific test, tell them. If they say no, then find someone who will do the test. You have your gut instincts/intuition for a reason. End of story.
2. **Always ask for a copy of your test results.** Just because something comes back “normal” or in “reference range”, there still may be an issue that needs addressed. If you would like someone to review your lab results with you after you’ve spoken to your health care provider, I offer lab result reviews to all my Sisters! Reach out to me @koriraewellness on IG or email me at [koriraewellness@gmail.com](mailto:koriraewellness@gmail.com) and we’ll take a look!
3. **Do your own homework.** An informed patient is an empowered patient! Take these tips and suggestions as a springboard for your own research. Think about this: you spend hours looking up the latest stats on new cell phones, days researching where to go on vacation, and weeks or months looking for the right job. Treat your health and body with the same respect. As the great LeVar Burton says, “Don’t take my word for it!” Seriously, I am educated and have a lot of experience with this stuff… and I’m still a human being who gets things wrong! I’m not afraid to admit that. Look things up on your own, check out different viewpoints on topics, and make decisions for your health that line up with YOUR values and beliefs.

If you have any questions about items in this guide, don’t hesitate to reach out. I’m happy to help! Now let’s get to it!

XOXO,

Kori Rae, BSN RN

The Ultimate Lab Test Checklist!

Here is an easy checklist to give to your provider for your routine exam. This is a general checklist and not every test will be applicable for your case. Make sure you read my tips about each test so you can decide what’s best for you. Remember, YOU are the most important person on your healthcare team.

**The Essentials** – These blood tests should always be conducted during regular check-ups.

* CBC/CMP
* Lipid Panel
* HbA1c

**Hormone and Nutrient Tests** – If you’ve not had these done recently or ever, it is helpful to get them to have a baseline, that way you know how lifestyle changes or medications affect your levels. Talk with your provider about how often they recommend getting these tests. Of course, if you are experiencing any symptoms associated with hormone or nutrient imbalances (fatigue, weight gain, malaise, irregular or heavy periods), then talk to your provider about getting these checked.

* FULL Thyroid panel
  + TSH
  + Total and Free T4
  + Total and Free T3
  + Reverse T3
  + Anti-TPO
  + Anti-thyroglobulin
* Folate and B12
* Vitamin D
* FULL Iron panel
  + Iron
  + Ferritin
  + TIBC
* LH/FSH collected on Day 3 of menstrual cycle
* Serum progesterone test (exclude if on HBC)
* Serum estrogen test
* CRP

**Other Important Tests** – These are other tests that will be on specific recommended timeframes

* Urinalysis (discuss with provider)
* STI testing (blood and urine) – see CDC or ACOG guidance for recommended timeframes
* Pap smear – See CDC or ACOG guidance for your age group and health history
* Mammogram – see ACS for guidance on age and risk factors
* Colorectal cancer screenings – see ACS for guidance on age and risk factors

**Special Case Blood Tests** – discuss with provider if these are recommended for you

* AMH
* Prolactin
* DHEA-S

The Ultimate Lab Test Checklist Explained

**The Essentials!** These blood tests are important to getting an overall picture of your health. They include general health labs and some hormone testing and are likely covered by your insurance (ALWAYS check coverage with your insurance first, never assume they cover ANYTHING!)

* Complete Blood Count (CBC):
  + Provides information about the types and numbers of blood cells.
* Comprehensive Metabolic Panel (CMP):
  + Includes tests for glucose, electrolytes, kidney function, and liver function.

**Nurse Kori’s Tip:** CBC and CMP are general lab tests that help identify overall health. I recommend getting both at minimum with your regular check-up, and more often as your provider recommends.

* Lipid Panel:
  + Measures cholesterol levels, including LDL (low-density lipoprotein), HDL (high-density lipoprotein), and triglycerides.

**Nurse Kori’s Tip:** Many hormone conditions like polycystic ovarian syndrome (PCOS) or hypothyroidism (including Hashimoto’s Thyroiditis) contribute to high cholesterol, so these can be markers for hormonal issues and need to be checked regularly to reduce risks of cardiovascular disease. Usually, lipid panels are fasting lab tests, so make sure you check with your provider if you need to fast ahead of time.

* Hemoglobin A1c (HbA1c):
  + Reflects average blood sugar levels over the past 2-3 months.

**Nurse Kori’s Tip:** While your fasting blood glucose tests tells you how well your body is processing glucose currently, your HbA1c is a snapshot of how well your blood glucose levels have been managed in your body over the last few months. Providers often use this as an initial indicator of pre-diabetes or Type 2 Diabetes (T2D). It’s important to watch for trends with your HbA1c over the years… if it’s going up, that means your body needs some better support for managing glucose, or it can indicate other metabolic issues like PCOS. If you have a history of PCOS or a family history of T2D, please get this checked regularly. The great news is that lifestyle changes can help improve HbA1c! You have the power Sis!

**Hormone and Nutrient Tests**

* Thyroid Panel:
  + TSH (Thyroid Stimulating Hormone)
  + Free T4 (Free Thyroxine)
  + Free T3 (Free Triiodothyronine)
  + Thyroid antibodies

**Nurse Kori’s Tip:** Often, a lab will only run your TSH as a domino-type lab test… meaning, if your TSH falls in normal range, they won’t run the other tests. The general reference range for TSH is typically around 0.4 to 4.0 milli-international units per liter (mIU/L), which many healthcare providers believe is too high a threshold for the rest of the tests, as people can experience low thyroid hormones while having TSH in the “normal” range. Many healthcare professionals consider a TSH level between 0.4 and 2.5 or 3.0 mIU/L to be within optimal range. Essentially, this means you could have struggles with your thyroid but not know it if the lab finds your TSH to be in reference range but not in optimal range.

Bottom line: if you have ANY concerns about your thyroid (difficulty losing weight or weight gain, fatigue, dry skin/hair, cold sensitivities, depression or mood swings, menstrual irregularities, joint pain), EVEN IF you have another diagnosis like PCOS or Type 2 Diabetes, tell your healthcare provider you want a FULL thyroid panel to include TSH, Free T3 and T4, reverse T3, and thyroid antibodies. Don’t let them tell you that you don’t need it… stand your ground! See Dr. Jolene Brighten’s article [here](https://drbrighten.com/complete-thyroid-labs/) for more info! #youreworthit

* Vitamin D:
  + Assesses vitamin D levels, crucial for bone health and immune function.

**Nurse Kori’s Tip:** Almost 50% of Americans are Vitamin D deficient, with even higher statistics in BIPOC communities. As vitamin D is particularly important for women and AFAB individuals due to your increased risk for osteoporosis, it is essential to have these levels checked regularly.

* Iron Panel:
  + Includes tests for iron, ferritin, and total iron-binding capacity (TIBC). Iron is an essential mineral for healthy red blood cells because it is the part that carries oxygen to your whole body. It also supports immune health, brain function, pregnancy, and energy levels.

**Nurse Kori’s Tip:** Anemia, which is the medical term for low iron levels, is a huge concern for women and AFAB individuals worldwide. The biggest cause of anemia for women/AFAB persons: we menstruate and therefore lose some of our blood volume regularly. There are other reasons that can contribute to anemia, like genetic conditions such as Sickle Cell Anemia or uterine fibroids. If you are a menstruating person, please get your iron levels checked regularly.

* Folate and B12 Levels:
  + Important for red blood cell formation and neurological health.

**Nurse Kori’s Tip:** B vitamins are essential to women and AFAB individuals as they contribute to our metabolism, brain health, skin/hair/nail health and vitality, immune system, mood regulation, and prevention of brain defects in fetal development. Little known fact: B vitamins are depleted through extended hormonal birth control use (a quick search on “nutrient depletion hormonal birth control” will give you a plethora of articles and resources to check out! Also, Lisa Hendrickson-Jack speaks in detail about this in her book “The Fifth Vital Sign”) If you are on HBC or just recently came off, or were pregnant in the last few years, it’s important to get your B vitamin levels checked.

* Luteinizing Hormone (LH) and Follicle-Stimulating Hormone (FSH):
  + Key hormones involved in regular menstrual cycle function.

**Nurse Kori’s Tip:** LH and FSH are best tested on day 3 of your menstrual cycle… that’s 3 days after the beginning of your period. Getting these tested at this point in your cycle gives your practitioner the best snapshot of these key hormones in your menstrual health. It may seem inconvenient, but if you are looking for the best information to manage your health, insist on these blood tests being performed between day 2-4 of your cycle, with day 3 being best. NOTE: if you are on HBC these hormone levels may be affected.

* Progesterone Levels:
  + Essential for maintaining pregnancy and regulating the menstrual cycle.

**Nurse Kori’s Tip:** This is best tested in the second half of your menstrual cycle, about 7 days after ovulation or 7 days before your next predicted cycle start. If you have a known short luteal phase (less than 14 days), then test on the middle day of your typical luteal phase. If you have irregular cycles, like in PCOS or hypothyroidism, it’s likely that you have low progesterone. Get it checked!

**IMPORTANT:** If you’re on hormonal birth control, there’s no reason to test your progesterone because HBC prevents you from making this hormone. Progesterone is only made after you ovulate, and since HBC prevents ovulation, you won’t be producing this hormone.

* Estrogen (estradiol) Levels:
  + Measures different forms of estrogen, which play a crucial role in the menstrual cycle and reproductive health.

**Nurse Kori’s Tip:** If you are concerned about low estrogen, like in perimenopause, it may be best measured on Day 3 of your cycle along with your LH/FSH. If you have heavy periods, severe cramping, or very tender breasts during the pre-menstruum, you may have excess estrogen. In this case, testing during the middle of your luteal phase (at the same time as progesterone) may be give the best picture of your estrogen levels. Your provider may or may not be aware of these differences, so make sure to do your research. If you’re on HBC, again, this hormone level will be affected.

* C-reactive Protein (CRP):
  + Measures inflammation in the body.

**Nurse Kori’s Tip:** CRP is a key marker for inflammatory challenges in the body, such as autoimmune conditions or environmental exposure/sensitivities. If you have been diagnosed with an autoimmune condition, have a family history of autoimmune disease, have PCOS or endometriosis, then please ask for a CRP. Providers don’t always order this test without prompting or a suspected autoimmune condition, and not everyone is aware of the connection of PCOS and endometriosis and increased risks of developing autoimmune conditions.

**Other Important Tests:**

* Urinalysis:
  + Assesses kidney function and can detect conditions like urinary tract infections.

**Nurse Kori’s Tip:** Your provider may or may not recommend a urinalysis for regular check-ups. You’ll see this kind of testing more in emergency rooms than regular providers, with variations of course. If you think you have a UTI, this is the test you would get to verify. Just talk to your provider to see if you need this test.

* Sexually Transmitted Infection (STI) Testing:
  + Includes tests for chlamydia, gonorrhea, syphilis, HPV (cervical cancer and/or genital warts), HSV (herpes simplex), Hepatitis B/C and HIV.

**Nurse Kori’s Tip:** Encouraging others to get regular STI testing is a HUGE passion of mine. The biases in this country about sexual health is appalling, and the whole “taboo-ness” about sex and STIs is not helping anybody’s health. There are LOTS of different recommendations about when you should get tested for different STIs (you can find the CDC’s here and ACOGs here). Of course, talk to your provider about their recommendations for you. Educate yourself though, for realz.

Personally, I tell everyone if you are sexually active, whether you are in a monogamous relationship or have multiple partners, you should get tested for sexually transmitted infections (STI) regularly… like I’m talking at least every 1-3 years, based on your risk factors. That goes double if you are under 25 years old, because statistically speaking, you are in the highest risk age group. There’s just too much at stake when it comes to your health and fertility NOT to get tested regularly… and if your partner gets all uppity about “not trusting them blah blah blah”… tell them this is YOUR health and YOUR fertility you are protecting. Seriously, if they give you shit, you message me day or night @koriraewellness on IG or Kori Rae Kovacs on Facebook. As a person that had an undiagnosed case of Pelvic Inflammatory Disease (which is caused by an STI) because of a someone else’s slip up, I will fight with you until my last breath for your rights in sexual health.

* Pap Smear:
  + Screening for abnormal changes to the cervix and cervical cancer

**Nurse Kori’s Tip:** Pap smears haven’t changed much in the last few decades, but what has changed is the recommendations on when to have pap smears done. We used to be told to get them every year, and that isn’t the case anymore for most women and AFAB individuals. Check with your provider for your recommended timeframe based on your history and age. You can find the American College of Gynecologists and Obstetricians (ACOG) current recommendations [here](https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines).

* Mammogram
  + Screening for breast cancer

**Nurse Kori’s Tip:** Lots of changes in terms of when to get a mammogram done as well, so make sure you speak to your provider about their recommendations based on your health, risk factors, and family history. You can find the latest American Cancer Society (ACS) recommendations [here](https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html).

* Colorectal Cancer Screening
  + A set of tests or screenings for abnormal cell changes in the colon or rectum

Nurse Kori’s Tip: Colon cancer is the third most diagnosed cancer for everyone, and it is important to get this screening done. The ACS recommends that people of average risk have their first colorectal cancer screening starting at 45 years of age. Check with your healthcare provider for your specific timeframe and options for screenings, as many tests can be done with a stool sample from home. See the [ACS website](https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html) for more specific guidance.

**Special Case Blood Tests** – These won’t necessarily apply to everyone, but it is good to know they exist if they apply to your specific health case.

* Anti-Mullerian Hormone (AMH):
  + Provides information about ovarian reserve.

**Nurse Kori’s Tip:** AMH levels are important to measure if you are trying to conceive, are of advanced maternal age (older than 35) and want to TTC, or if you have PCOS and are TTC. Talk to your provider if they recommend this test for you.

* Prolactin Levels:
  + Monitors prolactin, a hormone involved in lactation and other important reproductive functions.

**Nurse Kori’s Tip:** Prolactin is not only important for lactation (milk production), but also essential for regular ovulation and libido. Symptoms like tender breasts, low libido, and irregular cycles can be caused by elevated levels of prolactin. It also can cause an increase in DHEA (a androgen-type hormone made by your adrenal glands) and DHT (the super potent form of testosterone) which is bad news bears for those with PCOS and hypothalamic amenorrhea (HA). If you have these conditions or are experiencing these symptoms without explanation elsewhere (thyroid, estrogen, for example), then it’s worth getting your prolactin checked. Again, this may not be a standard test that your provider will order, so do your research and arm yourself with knowledge! (See the book “Period Repair Manual” by Dr. Lara Briden!)

* Dehydroepiandrosterone sulfate (DHEAS) Level:
  + A steroid hormone made in adrenals essential to the creation of sex hormones (testosterone and estrogen)

**Nurse Kori Tip:** Elevated DHEAS can occur in PCOS and people who have challenges with their adrenal glands. Low DHEAS can indicate chronic stress or adrenal issues (like Addison’s Disease). If you have PCOS, this is a worthy level to check, as it can help providers identify your root cause.