



SUGGESTED LAB PANEL

Date: _____

Patient Name: _____

General:

- ☐ CBC- Complete Blood Count
- ☐ Comprehensive Metabolic Panel
- ☐ DHEA-S
- ☐ Ferritin
- ☐ Free T3
- ☐ Free T4
- ☐ Hemoglobin A1C
- ☐ Homocysteine
- ☐ Hs-C-Reactive Protein
- ☐ Insulin
- ☐ Lipid Panel
- ☐ Testosterone, Total & Free
- ☐ TSH-Thyroid Stimulating Hormone
- ☐ Vitamin B12
- ☐ Vitamin D, 25-OH

To prepare for the testing:

- Please fast for 12 hours prior to the blood draw, no food after 8:00 PM the night before. Drinking water is ok and encouraged.
- If you use natural thyroid or T3 only medication: Do not take thyroid medication for 24 hours prior to having your blood drawn.