



WHAT SHOULD I ASK MY DOCTOR TO TEST?

THE MIDLIFE LAB GUIDE

Which labs may matter, what they can reveal,
and how to prepare for the conversation.



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BEFORE YOU ASK FOR A HORMONE TEST



Menopause is often identified through your symptoms and cycle history, not a single lab value.



WHAT USUALLY MATTERS MOST

- Your age and stage of life
- Changes in your menstrual cycle
- Hot flashes, night sweats, sleep, mood, vaginal, urinary, and other symptoms
- Medications, hormonal contraception, and hormone therapy
- Your medical, surgical, and family history



FOR MOST WOMEN 45 AND OLDER

Perimenopause and menopause can usually be identified from symptoms and menstrual history. FSH, estradiol, and other hormone levels may fluctuate significantly during perimenopause, so one result can be misleading.



WHEN HORMONE TESTING MAY HELP

- 
- Symptoms begin between ages 40 and 45 and the diagnosis is uncertain.
 - Menopause or ovarian insufficiency is suspected before age 40.
 - Periods cannot be used as a guide, or the clinical picture is unclear.
 - Symptoms suggest another hormonal or medical condition.
 - Testing is needed to monitor a specific treatment or concern.



AN IMPORTANT DISTINCTION

Testing to confirm menopause is different from testing health concerns that may become more important during midlife. Even when hormone testing is unnecessary, your clinician may recommend thyroid, blood sugar, cholesterol, iron, bone, or other testing based on your history and symptoms.



MARTINE'S MIDLIFE WELLNESS TIP



- Before agreeing to any test, ask: What question are we trying to answer, and how would the result change my next step?
- Use testing to answer a clear question, not simply to collect more numbers.



CORE LABS TO DISCUSS

Midlife hormone changes can affect cardiovascular, metabolic, bone, and thyroid health. These labs can help you and your clinician look at the bigger picture.

1 CARDIOVASCULAR HEALTH



ASK ABOUT

- ☐ Standard lipid panel: total cholesterol, LDL-C, HDL-C, triglycerides
- ☐ Lipoprotein(a), or Lp(a)
- ☐ ApoB
- ☐ Small dense LDL particles

WHY IT MAY MATTER

As estrogen declines, LDL cholesterol and other cardiovascular risk markers may shift. Lp(a), ApoB, and small dense LDL particles can add context beyond a standard lipid panel and help create a clearer picture of heart health through menopause and beyond.

2 BLOOD SUGAR AND INSULIN



ASK ABOUT

- ☐ Fasting glucose
- ☐ Hemoglobin A1c
- ☐ Fasting insulin
- ☐ HOMA-IR, or Insulin Resistance Score
- ☐ Oral glucose tolerance test when indicated

WHY IT MAY MATTER

Changing estrogen levels, aging, sleep disruption, stress, and loss of muscle can affect insulin sensitivity during menopause. Glucose, A1c, fasting insulin, and HOMA-IR can offer different clues about how your body is managing blood sugar.

3 BONE HEALTH



ASK ABOUT

- ☐ DEXA scan based on age and fracture risk
- ☐ Fracture-risk assessment
- ☐ 25-hydroxy vitamin D
- ☐ Calcium and related testing when indicated

WHY IT MAY MATTER

Bone loss can accelerate as estrogen declines, especially during the menopause transition and early postmenopause. A DEXA scan measures bone density, while vitamin D and related testing may help your clinician identify factors that affect bone strength.

4 THYROID FUNCTION



ASK ABOUT

- ☐ TSH
- ☐ Free T4
- ☐ Free T3, optional if needed
- ☐ Additional thyroid testing when symptoms or results warrant it

WHY IT MAY MATTER

Thyroid changes can resemble common menopause concerns, including fatigue, hair changes, constipation, temperature sensitivity, mood changes, and brain fog. Looking at thyroid function may help distinguish overlapping symptoms and guide next steps.



Bring previous results if you have them.
Trends over time often provide more context than a single number.





ADDITIONAL LABS BASED ON YOUR HISTORY

Your symptoms, menstrual history, medications, diet, and health conditions may point to other useful conversations.

5 FOUNDATIONAL HEALTH PANELS



ASK ABOUT

- ☐ Complete blood count, or CBC
- ☐ Comprehensive metabolic panel, or CMP

WHY IT MAY MATTER

CBC and CMP results offer a broad view of blood cells, electrolytes, liver function, kidney function, and general health. They may help uncover nonhormonal factors that can overlap with menopause concerns such as fatigue, weakness, or changes in overall wellbeing.

6 IRON AND ANEMIA



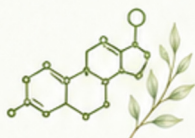
ASK ABOUT

- ☐ Ferritin
- ☐ Hemoglobin and hematocrit
- ☐ Total iron
- ☐ Iron saturation
- ☐ Total iron-binding capacity, or TIBC

WHY IT MAY MATTER

Years of heavy or irregular bleeding during perimenopause can reduce iron stores. Ferritin may fall before anemia appears. A fuller iron panel can add context when fatigue, weakness, dizziness, hair changes, restless legs, or brain fog continue into menopause.

7 HORMONES WHEN USEFUL



ASK ABOUT

- ☐ Estradiol using LC/MS when appropriate
- ☐ FSH
- ☐ Testosterone, free and total

WHY IT MAY MATTER

Routine hormone testing is not needed to identify perimenopause for most women because levels can fluctuate. Testing may be useful when periods are unavailable, menopause may be early, or symptoms require a closer look. Testosterone may add context for libido, energy, muscle, bone, and mood concerns.

8 INFLAMMATION



ASK ABOUT

- ☐ High-sensitivity C-reactive protein, or hs-CRP
- ☐ Erythrocyte sedimentation rate, or ESR

WHY IT MAY MATTER

Inflammation can influence cardiovascular and metabolic health, which become increasingly important through menopause. These markers may show that inflammation is present, but they cannot identify its cause and must be interpreted with symptoms, history, and other findings.

9 NUTRIENT STATUS



ASK ABOUT WHEN APPROPRIATE

- ☐ Vitamin B12 and folate
- ☐ 25-hydroxy vitamin D
- ☐ Magnesium
- ☐ Other nutrients based on a specific concern

WHY IT MAY MATTER

Changing food intake, digestive health, medications, and supplement use can affect nutrient status in midlife. Targeted testing may help when symptoms or risk factors suggest a deficiency or excess, particularly when supporting energy, cognition, muscle, and bone health after menopause.



Use this page to start a conversation, not to request every test. Your clinician can help choose the labs that fit your symptoms, history, risks, and goals.





HORMONE TESTING

When It Helps and When It Confuses the Picture

Hormone levels can change from day to day during perimenopause.
A lab result may provide useful information, but it must be interpreted
within the larger clinical picture.



WHY ONE NUMBER CAN BE MISLEADING

- ☐ Estrogen, progesterone, FSH, and LH can fluctuate significantly.
- ☐ Cycle timing affects some results.
- ☐ Hormonal contraception and hormone therapy may alter results.
- ☐ A value within range does not explain every symptom.



WHEN TESTING MAY BE USEFUL

- ☐ Menopause is suspected before age 45.
- ☐ Periods are absent, unavailable, or difficult to interpret.
- ☐ Symptoms are unusual or suggest another condition.
- ☐ Fertility, ovarian function, or androgen concerns require evaluation.
- ☐ A specific treatment needs appropriate monitoring.



FSH

WHAT IT MAY TELL YOU

FSH reflects signaling between the brain and ovaries. Persistently elevated levels may support evaluation of ovarian insufficiency or early menopause.

LIMITATION

FSH can rise and fall during perimenopause. One result may not confirm or exclude the transition.



ESTRADIOL

WHAT IT MAY TELL YOU

Estradiol shows the circulating estrogen level at the time the sample is collected.

LIMITATION

Levels may shift widely during perimenopause. A single value does not show your full estrogen pattern.



PROGESTERONE

WHAT IT MAY TELL YOU

When timed appropriately, progesterone may help show whether ovulation recently occurred.

LIMITATION

Timing is essential. One measurement does not represent progesterone across an entire cycle.



TESTOSTERONE

WHAT IT MAY TELL YOU

Testing may add context when evaluating libido, androgen excess, or certain treatment decisions.

LIMITATION

Results should be interpreted with symptoms, medications, SHBG, and the testing method. LC/MS methods are preferred when available.



THE MOST USEFUL QUESTION

Ask your clinician: What will this result help us decide?
A test is most valuable when the answer could change the next step.



BLOOD, SALIVA, AND URINE TESTING

The right collection method depends on the question being asked.
These tests are not interchangeable, and more data is not always more useful.



BLOOD TESTING

COMMON USES

- ☐ CBC and comprehensive metabolic panels
- ☐ Thyroid, glucose, insulin, and lipid testing
- ☐ Iron and nutrient testing
- ☐ Selected hormone measurements when appropriate

STRENGTHS

- ☐ Widely available and standardized for many clinical tests
- ☐ Established reference ranges for many markers
- ☐ May be covered by insurance when medically indicated

LIMITATIONS

- ☐ Usually provides a snapshot in time
- ☐ Cycle timing, medications, and hormone therapy may affect some results
- ☐ A blood level does not always reflect activity within tissues



SALIVA TESTING

POTENTIAL USE

- ☐ May measure free cortisol at several points across the day in selected specialty or research settings

IMPORTANT LIMITATIONS

- ☐ Not recommended to diagnose perimenopause or menopause
- ☐ Not considered accurate or precise for customizing menopausal hormone therapy
- ☐ Food, brushing teeth, bleeding gums, collection timing, and handling may affect results
- ☐ Interpretation and clinical usefulness are limited outside specific applications



URINE TESTING

SPECIALIZED HORMONE PANELS MAY MEASURE

- ☐ Hormone metabolites
- ☐ Estrogen metabolite pathways
- ☐ Free and metabolized cortisol
- ☐ Some melatonin or organic acid markers

IMPORTANT LIMITATIONS

- ☐ Not routinely recommended to diagnose menopause or customize hormone therapy
- ☐ Metabolite patterns do not automatically identify a disease or treatment need
- ☐ Results require careful interpretation and may not change clinical management
- ☐ Specialized panels may be costly and are often not covered by insurance



STANDARD URINE TESTS ARE DIFFERENT

Urinalysis and urine cultures have established clinical uses for urinary symptoms, kidney concerns, and infection evaluation. They should not be confused with specialty hormone metabolite panels.



START WITH THE QUESTION

Ask: What are we trying to learn, why is this method appropriate, and what would we do differently based on the result?



YOUR RESULT IS MORE THAN A NUMBER

A laboratory result becomes useful when it is interpreted with your symptoms, history, medications, life stage, and previous results.

1

REFERENCE RANGES VARY



Ranges may differ by laboratory, testing method, age, sex, and the population used to establish them. Always compare your result with the range printed on that specific report.

2

A FLAGGED RESULT IS NOT A DIAGNOSIS



A value outside the reference range deserves attention, but it does not identify the cause by itself. Follow-up testing or clinical evaluation may be needed.

3

WITHIN RANGE DOES NOT END THE CONVERSATION



A result can fall within range while symptoms still deserve investigation. The next step may be reviewing trends, related markers, medications, sleep, nutrition, or another possible contributor.

4

TRENDS CAN REVEAL MORE



One result is a moment in time. Comparing values across months or years may show whether a marker is stable, improving, or gradually changing.

5

CONTEXT CHANGES INTERPRETATION



Fasting status, time of day, hydration, illness, exercise, supplements, medications, menstrual timing, hormonal contraception, and hormone therapy may influence certain results.

WHAT TO REVIEW WITH YOUR CLINICIAN



- | | |
|---|---|
| ☐ Your current result and the laboratory reference range | ☐ Whether preparation or timing affected the result |
| ☐ Previous results and the direction of change | ☐ Symptoms, medications, supplements, and health history |
| ☐ Units and testing method | ☐ Whether follow-up or repeat testing is needed |

A BETTER QUESTION THAN 'IS THIS OPTIMAL?'

Ask: What does this result mean for me, when viewed with my symptoms, risks, history, and other findings?

MARTINE'S MIDLIFE WELLNESS TIP

Keep copies of your laboratory reports in one place. Record the date, result, reference range, and any changes in medications, supplements, symptoms, or treatment. Your future self will be grateful.

WHEN YOU NEED HELP BEING HEARD

You can be respectful, curious, and clear about the support you are asking for.

WHEN SYMPTOMS ARE DISMISSED AS AGING



"Some changes may be common with age, but these symptoms are affecting my daily life. I'd like to explore what may be contributing and what support is available."

WHEN REGULAR PERIODS END THE CONVERSATION



"I understand that I'm still having periods. Hormone fluctuations can begin before cycles stop, so I'd like to discuss whether perimenopause could fit this pattern."

WHEN YOU'RE TOLD YOU'RE TOO YOUNG



"My symptoms and cycle changes make me concerned about perimenopause or early menopause. Can we review my history and discuss whether further evaluation is appropriate?"

WHEN A TEST REQUEST IS DECLINED



"Can you help me understand why this test is not recommended for me and what you would suggest instead to evaluate these symptoms?"

WHEN EVERYTHING IS BLAMED ON STRESS



"I understand that stress can play a role. I'd also like to consider whether menopause, thyroid health, nutrient status, sleep, or another factor may be contributing."

WHEN YOUR RESULTS ARE CALLED NORMAL



"Could we review the actual results and trends together? I'd like to understand what was tested, where my values fall, and whether follow-up is needed."

WHEN TREATMENT OPTIONS FEEL RUSHED



"I'd like to understand the benefits, risks, and alternatives before deciding. Can we review which options best fit my symptoms, history, and priorities?"

WHEN YOU WANT TO DISCUSS A DEXA SCAN



"I'd like to review my personal fracture risks and whether bone-density screening is appropriate now rather than relying on age alone."

WHEN YOU NEED A CLEAR NEXT STEP



"If we are not testing or treating this today, what should I track, when should I follow up, and what changes would warrant further evaluation?"

BEFORE YOU LEAVE, ASK



"What are we checking?"



"What happens next?"



"When should we review the results?"

A collaborative appointment should leave you feeling informed, involved, and clear about the next step.



MY LAB CONVERSATION PLANNER

Bring this page to your appointment. Use it to organize what has changed, what concerns you most, and what you want to understand.

APPOINTMENT DATE: _____

HEALTHCARE PROFESSIONAL: _____

MY THREE MAIN CONCERNS

1. _____
2. _____
3. _____

WHAT HAS CHANGED?

Symptoms, cycle changes, energy, sleep, mood, digestion, weight, pain, vaginal or urinary concerns, or anything else you have noticed.

WHEN DID IT BEGIN?

WHAT MAKES IT BETTER OR WORSE?

MY CURRENT MENOPAUSE STAGE

- ☐ Unsure ☐ Perimenopause ☐ Menopause ☐ Postmenopause ☐ Surgical or medically induced menopause

MEDICATIONS AND HORMONE THERAPY

SUPPLEMENTS

IMPORTANT HEALTH AND FAMILY HISTORY

TESTS I WOULD LIKE TO DISCUSS

QUESTIONS I WANT TO ASK

- What are we trying to learn? _____
- Why is this test appropriate for me? _____
- How might medications, supplements, timing, or preparation affect the result? _____
- What happens after the results come back? _____

MY MOST IMPORTANT QUESTION:





My RESULTS TRACKER

Record the result exactly as it appears on the laboratory report, including the unit and that laboratory's reference range.

DATE REVIEWED: _____

HEALTHCARE PROFESSIONAL: _____

TEST OR MARKER	DATE	RESULT AND UNIT	LAB REFERENCE RANGE	WHAT MY CLINICIAN SAID OR NEXT STEP

BEFORE COMPARING RESULTS, CHECK

- ☐ Was the same laboratory and testing method used?
- ☐ Are the units and reference ranges the same?
- ☐ Was I fasting, and was the test taken at a similar time?
- ☐ Had medications, supplements, hormone therapy, illness, exercise, or hydration changed?

FOLLOW-UP PLAN

Tests to repeat: _____

Recommended timing: _____

Referrals or additional evaluation: _____

Changes we agreed to make: _____

Questions I still have: _____

REMEMBER

A result should not be interpreted in isolation. Review patterns with a qualified healthcare professional who can consider your symptoms, health history, medications, risks, and other findings.





TOPIC: _____

QUESTIONS OR FOLLOW-UP:





TOPIC: _____

QUESTIONS OR FOLLOW-UP:



REFERENCES & TRUSTED RESOURCES



These resources support the testing principles used throughout this guide.
Use them for education and discuss personal decisions with your healthcare professional.

1 MENOPAUSE: IDENTIFICATION AND MANAGEMENT

National Institute for Health and Care Excellence (NICE)
www.nice.org.uk/guidance/ng23

2 DIAGNOSING PERIMENOPAUSE AND MENOPAUSE

NICE Quality Standard
www.nice.org.uk/guidance/qs143/chapter/quality-statement-1-diagnosing-perimenopause-and-menopause

3 COMPOUNDED BIOIDENTICAL MENOPAUSAL HORMONE THERAPY

American College of Obstetricians and Gynecologists (ACOG)
www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2023/11/compounded-bioidentical-menopausal-hormone-therapy

4 OSTEOPOROSIS SCREENING

U.S. Preventive Services Task Force (USPSTF)
www.uspreventiveservicestaskforce.org/uspstf/document/clinical-summary/osteoporosis-screening

5 DIAGNOSIS AND CLASSIFICATION OF DIABETES

American Diabetes Association, Standards of Care in Diabetes 2026
diabetesjournals.org/care/article/49/Supplement_1/S27/163926

6 2026 GUIDELINE FOR MANAGING LIPIDS AND CHOLESTEROL

American College of Cardiology and American Heart Association
www.acc.org/guidelines/hubs/cholesterol

7 THYROID FUNCTION TESTS

American Thyroid Association
www.thyroid.org/thyroid-function-tests

8 UNDERSTANDING LAB RESULTS AND NUTRIENT FACT SHEETS

MedlinePlus and NIH Office of Dietary Supplements
medlineplus.gov/lab-tests/how-to-understand-your-lab-results
ods.od.nih.gov/factsheets/list-all



Guidance and links accessed July 2026.
Recommendations may change over time.



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This guide was created to help you feel more informed and prepared for conversations about your health. It is educational, supportive, and never a substitute for personalized medical care.



EDUCATIONAL, NOT MEDICAL ADVICE

The information in this guide is provided for general educational purposes only. It is not intended to diagnose, treat, cure, or prevent any disease or health condition. It does not replace individualized advice, diagnosis, or treatment from a qualified healthcare professional.



LABS REQUIRE PERSONAL CONTEXT

Laboratory results must be interpreted alongside your symptoms, health history, medications, supplements, hormone therapy, risks, physical findings, and the reference range used by the laboratory. A result marked normal or abnormal does not tell the whole story by itself.



PARTNER WITH YOUR HEALTHCARE PROFESSIONAL

Do not begin, stop, or change medication, hormone therapy, supplements, testing, or treatment based solely on this guide. Seek prompt medical care for severe, unusual, persistent, or worsening symptoms. Call emergency services for a medical emergency.



Use this guide as a conversation companion, then make decisions with a qualified healthcare professional who knows your personal health history.

