

## **Blood Testing**

- Refer to the following page for suggested bloods to request via your GP. You are welcome to request all listed, I have simply indicated which are most likely to be approved and provided an alternate means for those which are least likely to be approved.
- I recommend getting your GP involved by explaining your relevant history, consider including any symptoms and share your health goals for more success in obtaining the required measures.
- Example script: *Today I have one primary health goal – to test my nutrient status and ensure optimal thyroid health and resolve my symptoms of {insert symptoms}. I have a list of recommended bloods that I have researched along with my other health specialists and while I appreciate that it is your decision as to what goes on the script, I would love your support with my health goals. I understand that not all tests may be covered by Medicare, however I would like all tests to be added to my script and I will speak to the nurse at the pathology lab in regards to my out-of-pocket expense. Thank you.*

## **Testing Conditions**

- Please fast for no longer than 12 hours prior to your test, avoiding strenuous exercise and alcohol for 48 hours prior.
- Ideally test within a few hours of rising, in good health and in week 3 of your menstrual cycle, if applicable.
- Unless otherwise advised, please abstain from all supplements for 48 hours prior to testing.
- Please continue taking any prescription medication prescribed by your GP.
- Please record the time of your morning thyroid medication dose, if applicable.

## Functional Blood Test Reference Ranges

Measurement	Goal	Test/Notes
Thyroid Stimulating Hormone (TSH)	1.0-2.0 mIU/L	Should be Medicare approved – see your GP.
FT4	14-18 pmol/L (F) / >15 pmol/L (M)	<a href="https://bit.ly/TNN_TC">https://bit.ly/TNN_TC</a> FT4: decrease normal in pregnancy due to maternal transfer. FT3: increase normal in pregnancy due to increased conversion.
FT3	5-6 pmol/L	
Thyroid Peroxidase (TPOAb)	<30 IU/mL or < 4.6 IU/mL (lab specific)	<a href="https://bit.ly/TNN_THYAB">https://bit.ly/TNN_THYAB</a>
Anti-Thyroglobulin (TgAb)		
Iodine	>100 ug/g Crt >150 ug/g Crt (preconception/ pregnancy/lactation)	<a href="https://bit.ly/TNN_TCC">https://bit.ly/TNN_TCC</a>
Selenium	1.5-2.0 umol/L (levels up to 4.0 umol/L have been observed as non-toxic)	
Zinc	>14 umol/L	<a href="https://bit.ly/TNN_CZR">https://bit.ly/TNN_CZR</a>
Copper	<14 umol/L	
Vitamin D	100-150 nmol/L	Should be Medicare approved – see your GP.
Iron Studies Transferrin Transferrin Saturation Ferritin	2.0-2.5 g/L (F) / 1.8-2.5 g/L (M)  20-30% (F) / 30-40% (M)  30-50 ug/L (F) / 50-300 ug/L (M)	Should be Medicare approved – see your GP.  Note: for pregnancy specific reference ranges, please see <a href="#">Understanding Low Iron</a> .
Haemoglobin (Hb)	120-145 g/L (F) / 130-155 g/L (M)	Should be Medicare approved – see your GP.
High Sensitivity C-reactive Protein (hsCRP)	<1.0 mg/L	Should be Medicare approved – see your GP.
Erythrocyte Sedimentation Rate (ESR)	<5 mg/L	Should be Medicare approved – see your GP.