

The 5 Labs Every Woman on HRT Should Request

And most have never been offered them.

Standard bloodwork misses the five markers that matter most for women navigating perimenopause and menopause. This checklist gives you the exact language to use with your doctor, the optimal ranges to push for, and what your results actually mean for your hormonal health.

01 Fasting Insulin

How much insulin your pancreas is producing to manage blood sugar — the earliest signal of insulin resistance, years before glucose levels change.

What to say to your doctor:

"I'd like to add fasting insulin to my bloodwork — not just fasting glucose or HbA1c. I will fast for at least 8 hours before the draw."

Optimal Range

2–6 μ IU/mL

Clinical Note

Most labs flag anything under 25 as "normal." That range is far too wide. Above 10 warrants close attention for a woman in menopause.

02 HOMA-IR

A calculated score combining fasting insulin and fasting glucose — gives a more complete picture of insulin resistance than either marker alone.

What to say to your doctor:

"Can you calculate my HOMA-IR from my fasting insulin and fasting glucose? The formula is (insulin x glucose) divided by 405."

Optimal Range

< 1.0 ideal · < 1.5 acceptable

Clinical Note

Above 2.0 indicates insulin resistance. Above 2.9 is significant. This is rarely calculated automatically — you will likely need to ask specifically.

03 Full Thyroid Panel

Complete thyroid function — not just TSH. Includes the conversion of inactive T4 to active T3, which drives metabolism, energy, mood, and body weight.

What to say to your doctor:

"I'd like a full thyroid panel: TSH, Free T3, Free T4, Reverse T3, and TPO antibodies — not TSH alone."

Optimal Range

**TSH: 0.5–2.0 mIU/L · Free T3: upper half of range
Free T4: mid-range · Reverse T3: < 15 ng/dL
TPO antibodies: < 35 IU/mL**

Clinical Note

Low Free T3 is extremely common in menopausal women and consistently missed when only TSH is tested. Elevated Reverse T3 (from chronic stress) blocks T3 from working.

04 Morning Cortisol

Baseline adrenal function and HPA axis health. Cortisol follows a diurnal rhythm — the timing of your blood draw determines the accuracy of the result.

What to say to your doctor:

"I'd like a morning cortisol drawn between 7 and 9 AM. I understand timing is critical for an accurate reading."

Optimal Range

10–20 µg/dL at 8 AM

Clinical Note

A single morning draw is a starting point. If results are low-normal with symptoms, a 4-point saliva cortisol test provides a more complete picture of your daily curve.

05 DHEA-S

Adrenal reserve and the primary precursor to both testosterone and estrogen in women. Declines with age and accelerates sharply with chronic stress.

What to say to your doctor:

"I'd like DHEA-S included in my hormone panel — it is separate from my standard estrogen and progesterone tests."

Optimal Range

150–380 µg/dL (compare to your age-matched reference range)

Clinical Note

Most HRT protocols do not replace DHEA. Low DHEA-S is one of the most overlooked contributors to fatigue, low libido, muscle loss, and cognitive decline in menopausal women.

What to Do Next

- 01** Print this checklist and bring it to your next appointment. You have every right to request these tests.
- 02** Ask for all five tests at once — they can be drawn from a single blood draw.
- 03** If your doctor declines, ask why. If no satisfactory explanation is given, find a menopause-certified provider at menopause.org.
- 04** When your results arrive, compare them to the optimal ranges above — not just the lab's wide "normal" reference range.
- 05** Follow [@beyondthehormones](https://www.instagram.com/beyondthehormones) for guidance on interpreting results and building your full hormonal health protocol.

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