DIVINNI PROVIDER NETWORK · LAB REFERENCE

Blood Test Panels by Disease State

What to order for each program, and which tests can be done with an at-home kit

Weight Loss / GLP-1

CORE: order for nearly every patient

- **A1c** - diabetes status, baseline and response
- **Lipid panel** - heart-risk baseline; usually improves
- **Metabolic panel (CMP)** - creatinine/eGFR for dehydration risk; ALT/AST; glucose
- **TSH** - rule out thyroid cause of weight gain

CONSIDER: based on history, symptoms or results

- **hs-CRP** - inflammation
- **Fasting insulin / glucose** - insulin resistance
- **B12, 25-OH vitamin D** - common gaps; B12 if on metformin
- **Lipase** - only if abdominal pain
- **Total testosterone (men)** - low T is common with obesity

Sexual Health

CORE: order for nearly every patient

- **Morning total testosterone** - draw 8-10 am; confirm low result with a 2nd test
- **A1c** - ED is often the first sign of diabetes
- **Lipid panel** - vascular risk

CONSIDER: based on history, symptoms or results

- **Free T and SHBG** - if total T borderline
- **LH, FSH, estradiol** - if T low, to find the cause
- **Prolactin** - if T low or low desire
- **PSA** - age 40+ discussion; baseline before therapy
- **Metabolic panel (CMP)** - severe liver or kidney disease changes PDE5 dosing
- **TSH** - if fatigue or low desire

Hormone Replacement Therapy

WOMEN

CORE

- **Lipid panel and CMP** - baseline cardiovascular and liver status
- **TSH** - symptoms overlap with thyroid disease
- **Pregnancy test** - if of child-bearing potential

CONSIDER

- **FSH, estradiol** - only if age under 45 or unclear status
- **Progesterone, testosterone** - if prescribed
- **CBC, ferritin, 25-OH D** - fatigue, heavy bleeding, bone health
- **A1c** - cardiometabolic risk

MEN

CORE

- **AM total testosterone x2** - 8-10 am on two separate days
- **LH and FSH** - tells primary from secondary; fertility-preserving plans
- **Estradiol** - monitor on therapy
- **CBC / hematocrit** - baseline and repeat; pause if above about 54%
- **PSA (40+)** - baseline and follow-up

CONSIDER

- **Free T, SHBG** - if total T borderline
- **Prolactin** - if T low or low desire
- **Lipid panel, A1c** - metabolic risk
- **Metabolic panel (CMP)** - liver and kidney
- **Semen analysis (mail kit)** - if fertility matters; not a blood test

Wellness & Longevity

CORE: order for nearly every patient

- **Vitamin B12** - <200 pg/mL deficient; 200-300 borderline
- **25-OH vitamin D** - documents deficiency; repeat to confirm
- **Folate and CBC** - macrocytosis; folate can mask B12 deficiency

CONSIDER: based on history, symptoms or results

- **MMA** - clarifies B12 gray zone
- **Calcium and creatinine** - before high-dose vitamin D
- **Zinc, plus copper** - copper if zinc is prolonged
- **Ferritin / iron panel** - fatigue work-up
- **Magnesium** - if cramps or on PPIs
- **TSH, A1c** - common causes of low energy

Hair Loss

CORE: order for nearly every patient

- **Ferritin** - low iron stores worsen shedding
- **TSH** - thyroid causes of hair loss
- **25-OH vitamin D** - common gap

CONSIDER: based on history, symptoms or results

- **CBC** - anemia
- **Zinc, B12** - if diet or absorption concerns
- **PSA (men 40+)** - baseline before a 5-ARI; it lowers PSA about 50%
- **Liver panel (ALT/AST)** - baseline before finasteride or dutasteride
- **Women: total/free T, DHEA-S, SHBG, prolactin** - if irregular periods or excess hair
- **ANA** - if scarring or autoimmune pattern suspected

Skin Care

CORE: order for nearly every patient

- **Potassium + creatinine (BMP)** - baseline and check on spironolactone, especially with kidney disease
- **Pregnancy test (urine)** - before retinoids, tetracyclines, spironolactone

CONSIDER: based on history, symptoms or results

- **Women: total/free T, DHEA-S, SHBG, LH/FSH** - acne with irregular periods or hirsutism (PCOS)
- **A1c** - insulin resistance and acne
- **Liver panel** - if long-term oral therapy
- **25-OH vitamin D, zinc** - if poor diet or deficiency suspected
- **hs-CRP** - inflammation (optional)

How to read this sheet

- **Usually available as an at-home finger-prick or dried-blood-spot kit**
- **Varies by lab partner:** some kits offer it, some need a draw
- **Usually needs a venous lab draw** (CBC/hematocrit, MMA, lipase, potassium and similar)

CORE = baseline for nearly every patient. **CONSIDER** = add when history, symptoms or a first result calls for it.

Follow-up: repeat the key marker for each program on the flowsheet schedule (for example, A1c at 12 weeks, AM testosterone and hematocrit at 6-12 weeks and 6-12 months, B12 or vitamin D at 8-12 weeks).

Common clinical practice for physician and medical director review; not a prescribing protocol. Reference thresholds vary by laboratory and guideline. Home-kit availability varies by lab partner: confirm each test on the partner's menu, its CLIA/FDA status, state direct-access testing rules, and that a clinician reviews every result. Clinic-owned chart tool; Divinni does not collect patient-level data.