



YOUR BIOMARKER RESULTS

Demo Results

Tested 2 September 2026

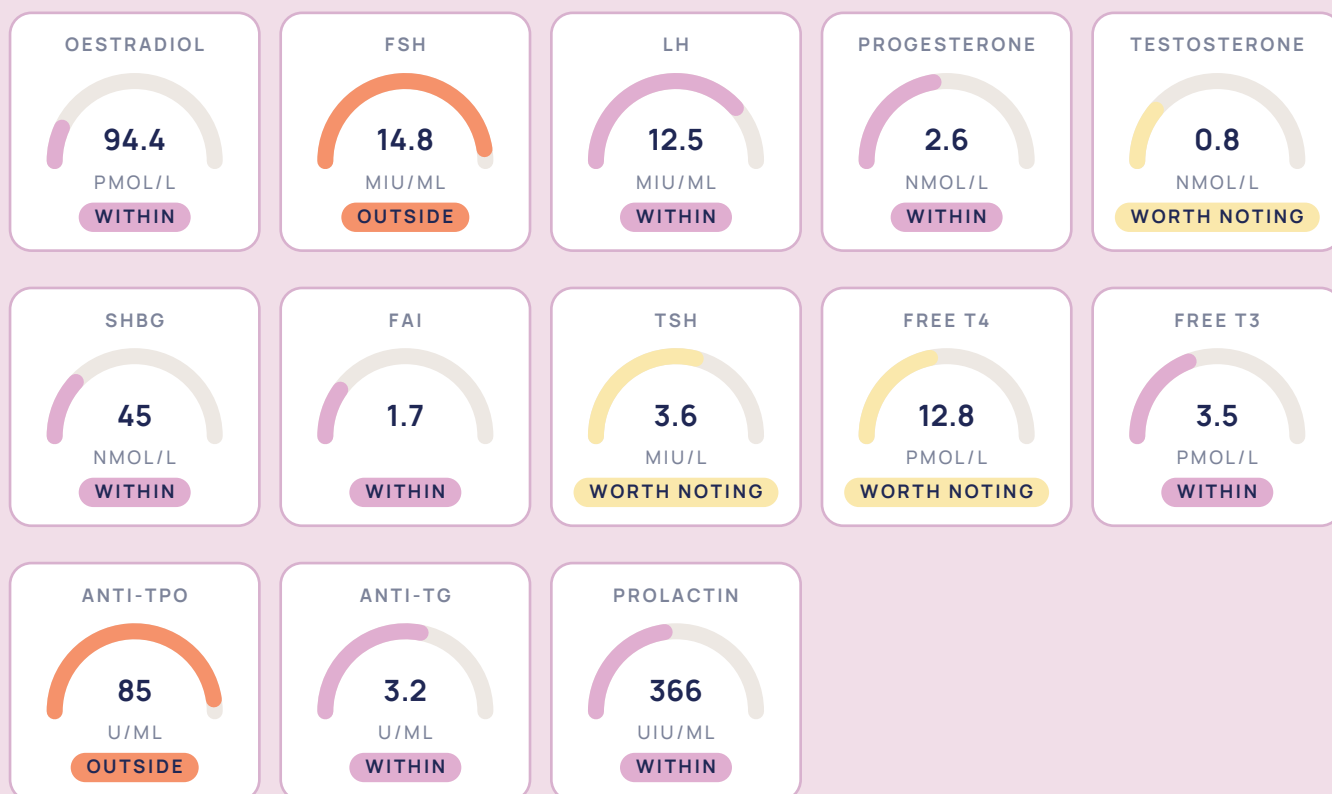
Your Hormone Results

Hormones are at the heart of the menopause journey. As oestrogen and progesterone fall, FSH and LH rise, and androgens shift, your body experiences many of the symptoms that menopause is known for – hot flushes, sleep disturbance, changes in energy, mood and cycles.

The information in this section is provided in the context of perimenopause and menopause for education only. These results do not diagnose a hormone condition and should always be interpreted alongside your symptoms and clinical history.

AT A GLANCE

● Within range ● Worth noting ● Outside range

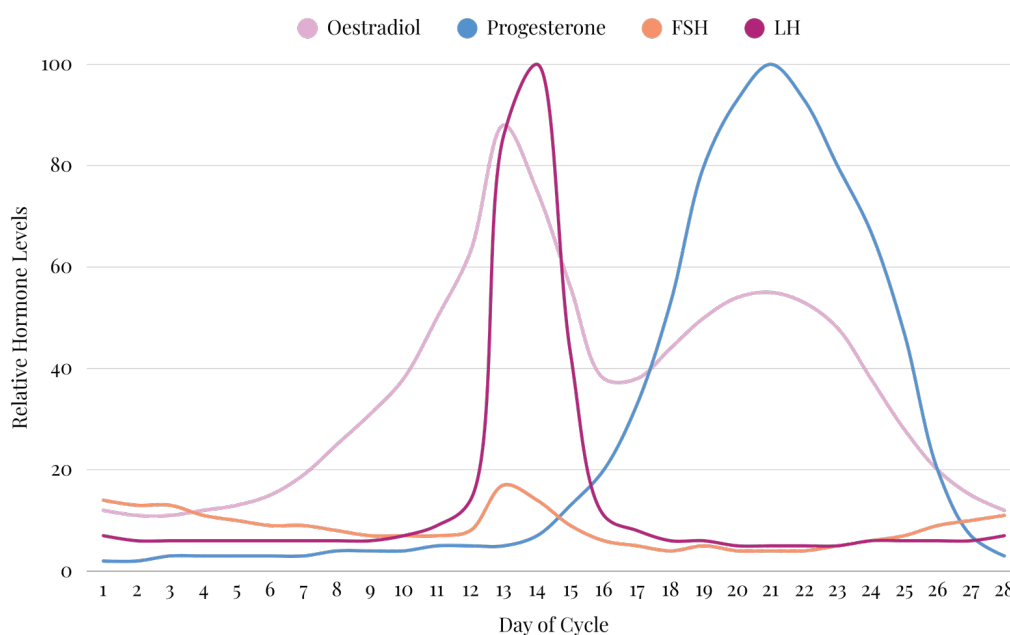


Hormones change daily. The day of cycle, time of day, HRT, and recent stress can all affect your numbers. Read these results alongside how you've been feeling – your story is the most important part of the picture.

Interpreting Your Big Four

Oestradiol, FSH, LH and Progesterone are the four hormones that work together to regulate your cycle. We interpret your results assuming you were in the follicular phase (days 1–13) when tested – the most stable comparison point. We also show you what your result would mean if you were tested at other points in your cycle, in case you weren't sure.

HOW HORMONES CHANGE ACROSS YOUR CYCLE



YOUR CYCLE PHASES

Follicular

Days 1–13 (standard)

Hormone levels are at their most stable. This is the phase we use as the baseline for your reference ranges.

Mid-cycle

Around day 14

Oestradiol peaks, then LH and FSH surge to trigger ovulation. A snapshot here can look very different.

Luteal

Days 15–28

Progesterone rises after ovulation. Oestradiol has a second smaller rise.

Post-menopausal

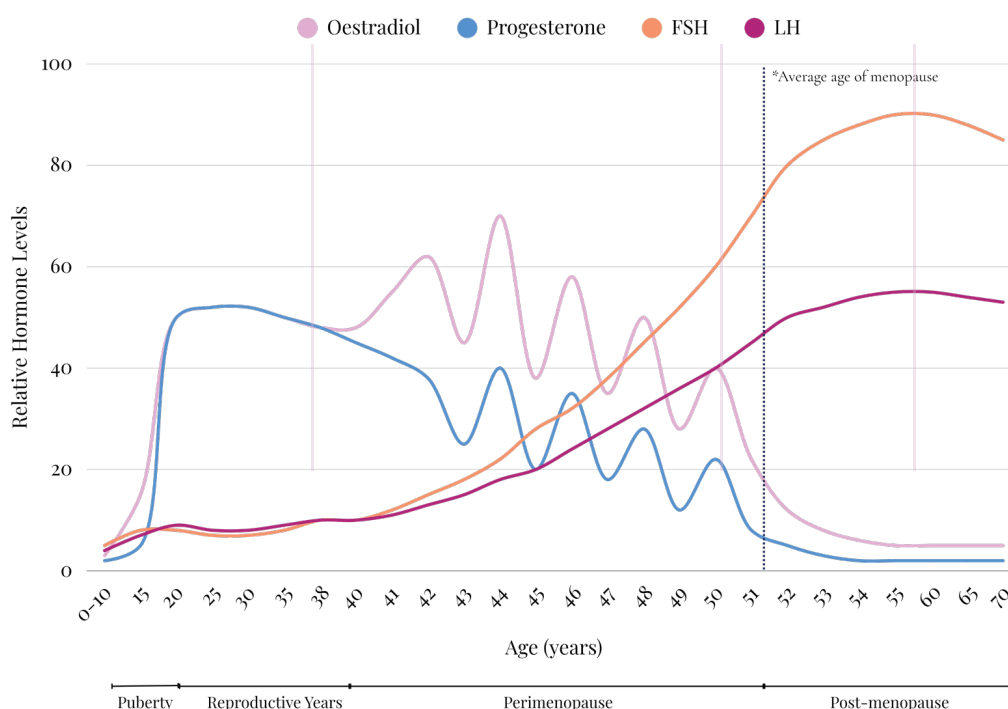
After menopause

Oestradiol and progesterone are consistently low, while FSH and LH stay elevated.

Interpreting Your Big Four

Your hormones follow a long-term pattern as well as a monthly one. Across your reproductive years, oestradiol and progesterone cycle predictably while FSH and LH stay low. As you move into perimenopause, this changes – and the pattern continues to shift into menopause and beyond.

HOW YOUR HORMONES CHANGE THROUGH YOUR LIFE



YOUR LIFE STAGES

Reproductive

Approx. 20 – 45 years

Hormones cycle predictably each month. Oestradiol and progesterone are produced in rhythm with FSH and LH.

Perimenopause

Approx. 40 – 55 years

Hormones become irregular. Progesterone often declines first, then oestradiol. FSH and LH rise as the brain works harder to trigger ovulation.

Menopause

12 months after last period

Defined as a moment, not a phase. Ovulation has stopped. Oestradiol and progesterone are consistently low.

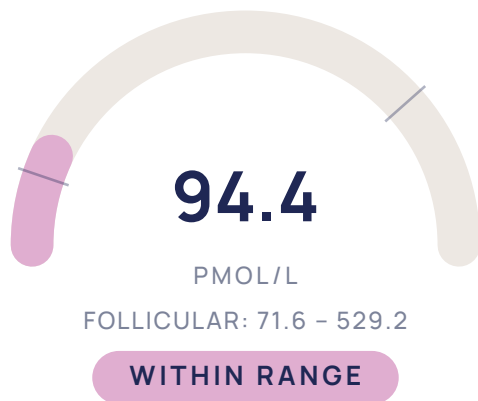
Post-menopause

Beyond menopause

Oestradiol and progesterone stay low, while FSH and LH remain elevated and relatively stable.

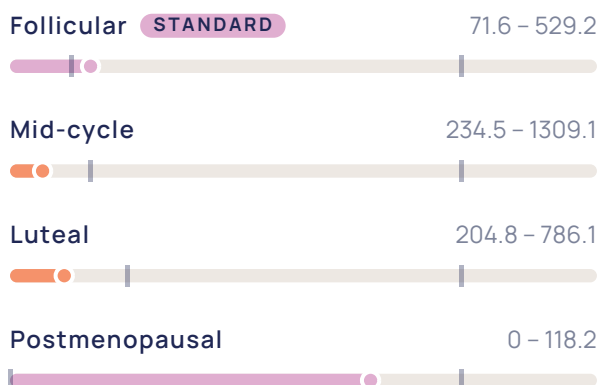
Oestradiol (E2)

Tested 2 September 2026 · Follicular phase used as standard reference



RANGES BY CYCLE PHASE

Follicular is the standard. Others shown for comparison.



FOR DEMO

Your result is within the expected range. A single result is one point in a longer story. Symptoms can still occur at any level, and the pattern over multiple tests is more meaningful than any single value.

WHAT IS OESTRADIOL (E2) AND WHY IT MATTERS

Oestradiol (E2) is the most potent and biologically active form of oestrogen before menopause, and one of three natural oestrogens the body produces (alongside oestrone E1 and oestriol E3). It is made mainly in the ovaries, with smaller amounts from fat tissue and adrenal glands.

It supports bone strength, blood vessel flexibility, brain function and mood, vaginal and urinary health, and menstrual cycles. Oestradiol has a neuroprotective role, it influences mood regulation, memory, and cognitive function, which is why many women notice brain and mood changes as levels shift.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Oestradiol changes more than any other marker across the menopause transition. It swings unpredictably during perimenopause, often high one month and low the next, and settles consistently lower once periods have stopped.

CONSIDERATIONS

- Symptoms can still occur at any oestradiol level. It is the pattern over time that matters most, not any single result.
- Record symptoms such as hot flushes, cycle changes, mood, and vaginal health to build a clearer picture alongside your test results.
- Sleep routines, relaxation techniques, and balanced nutrition help reduce the impact of fluctuating oestrogen.

Retesting in six months shows whether this is stable or changing.

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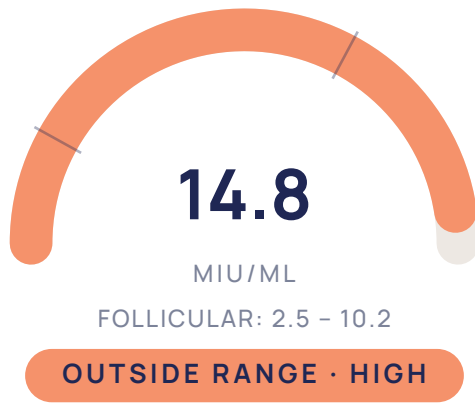
Oestradiol (E2) (continued)

CONSIDERATIONS (CONTINUED)

- Retesting at the same point in your cycle (if still menstruating) gives the most comparable results over time.

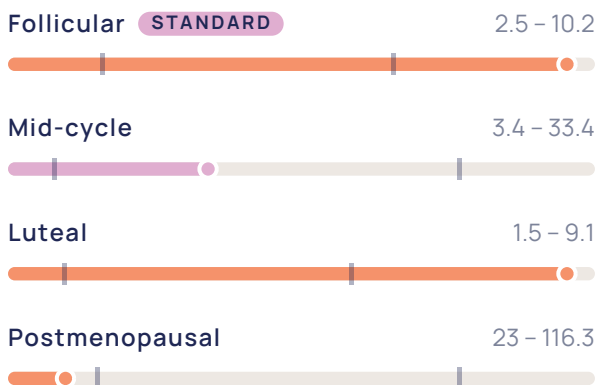
Follicle Stimulating Hormone (FSH)

Tested 2 September 2026 · Follicular phase used as standard reference



RANGES BY CYCLE PHASE

Follicular is the standard. Others shown for comparison.



FOR DEMO

Your result is high. Typical after menopause. Some women experience flushes, poor sleep, or cycle disruption if still bleeding.

CONSIDERATIONS (CONTINUED)

- Retesting in several months can show whether levels are stabilising or still fluctuating.

WHAT IS FOLLICLE STIMULATING HORMONE (FSH) AND WHY IT MATTERS

Produced by the pituitary gland in the brain, FSH stimulates the ovaries to develop follicles and produce oestradiol. It is the key signal in the hormonal conversation between the brain and the ovaries.

Important note on single-test reliability: FSH is one of the most variable hormones in perimenopause. A single result can fluctuate significantly between weeks, making trend data over multiple tests considerably more meaningful than any one snapshot. The NHS recommends two tests four to six weeks apart if FSH is being used to help assess menopausal status.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

FSH rises as the ovaries respond less reliably to signals from the brain. It fluctuates during perimenopause, appearing elevated one month and unremarkable the next, and becomes consistently high and more stable afterwards.

CONSIDERATIONS

- Look at FSH trends over time rather than one-off values. This is especially important in perimenopause where single results can be misleading.
- Pair results with oestradiol, LH, cycle history, and symptoms for the clearest picture.
- While lifestyle cannot directly change FSH, regular movement, balanced diet, and stress management support how the body adapts to hormonal shifts.

Retesting in six months shows whether this is stable or changing.

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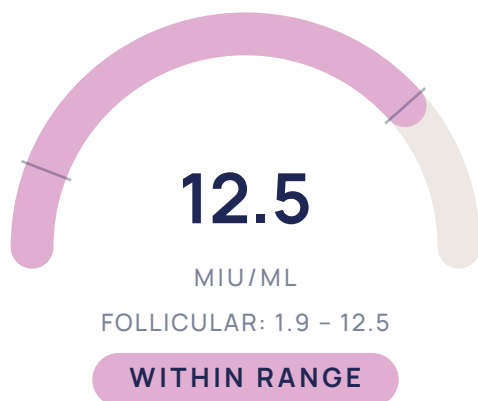
Follicle Stimulating Hormone (FSH) (continued)

CONSIDERATIONS (CONTINUED)

- If your FSH is outside the reference range and you are experiencing ongoing symptoms that interfere with daily life, share your results with your GP.
- A single high FSH result in perimenopause does not support menopause, the NHS recommends two tests four to six weeks apart for more reliable assessment. FSH can fall again between tests during perimenopause.

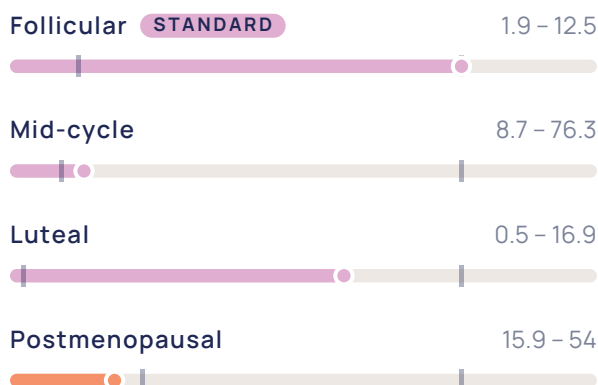
Luteinising Hormone (LH)

Tested 2 September 2026 · Follicular phase used as standard reference



RANGES BY CYCLE PHASE

Follicular is the standard. Others shown for comparison.



FOR DEMO

Your result is within the expected range.
This is typical for your stage.

WHAT IS LUTEINISING HORMONE (LH) AND WHY IT MATTERS

Released by the pituitary gland in the brain, LH triggers ovulation mid-cycle and supports the production of oestradiol and progesterone. Alongside FSH, it is part of the hormonal axis that coordinates the reproductive cycle.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

LH follows a similar path to FSH. It becomes irregular during perimenopause, sometimes surging and sometimes appearing suppressed, reflecting unpredictable ovulation. It settles higher and steadier once ovulation has stopped.

CONSIDERATIONS

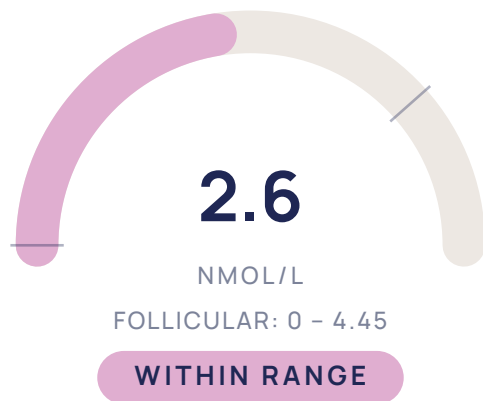
- LH is best viewed together with FSH and oestradiol. The relationship between these three markers is more informative than any one in isolation.
- Consistent sleep, balanced nutrition, and stress management help with symptoms linked to hormonal irregularity, even when they cannot alter LH directly.

Retesting in six months shows whether this is stable or changing.

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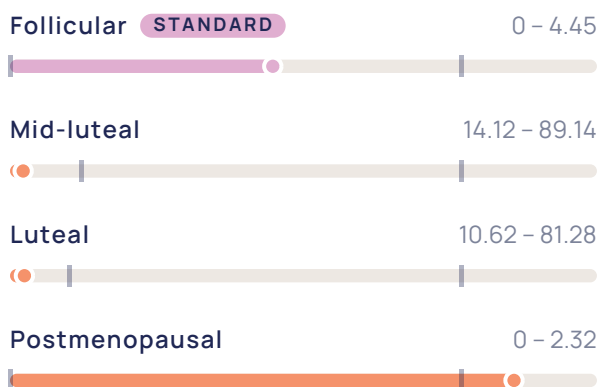
Progesterone

Tested 2 September 2026 · Follicular phase used as standard reference



RANGES BY CYCLE PHASE

Follicular is the standard. Others shown for comparison.



FOR DEMO

Your result is within the expected range. A typical value for your stage of life. Symptoms can still occur at any level.

WHAT IS PROGESTERONE AND WHY IT MATTERS

Produced after ovulation by the corpus luteum (the empty follicle left after an egg is released), progesterone balances oestradiol and has a calming effect on the nervous system. It supports sleep, stabilises mood, reduces fluid retention, and regulates cycle length.

It is important to note the difference between natural progesterone and synthetic progestogens. Body-identical progesterone, as used in modern HRT, behaves similarly to the progesterone the body produces. Some older HRT formulations and contraceptives contain synthetic progestogens which have different properties and are not the same as this marker.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Progesterone is often the first hormone to decline noticeably, because it is only produced after ovulation. As ovulation becomes less regular, progesterone falls, which is linked with heavier or unpredictable cycles, poor sleep and low mood. It stays consistently low once periods have stopped.

CONSIDERATIONS

- Create calming bedtime routines, practise relaxation strategies, and keep caffeine and alcohol moderate. These support sleep and mood when progesterone is lower.

Retesting in six months shows whether this is stable or changing.

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Progesterone (continued)

CONSIDERATIONS (CONTINUED)

- In HRT, progesterone protects the womb lining when oestrogen is prescribed. The form of progesterone matters. Body-identical micronised progesterone is the preferred option in current UK prescribing guidelines. Discuss options with your GP.

Testosterone

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your testosterone is within the reference range but on the lower end. In women, even small differences in testosterone can affect energy, mood, and libido. If you are experiencing these symptoms, this result is relevant context.

CONSIDERATIONS (CONTINUED)

- Ensure regular rest and quality sleep, which influence testosterone balance alongside broader hormonal health.
- Weight gain around the middle and reduced insulin sensitivity can affect how androgens are experienced, staying active and managing blood sugar supports overall balance.

WHAT IS TESTOSTERONE AND WHY IT MATTERS

Testosterone supports libido, energy, muscle and bone strength, red blood cell production, cognitive function, and mood. In women, it is produced by both the ovaries and the adrenal glands.

An important limitation: female testosterone reference ranges are not well standardised in the same way as many other hormones. Historically, many reference ranges were derived from studies that included male populations or lacked adequate female representation. A result at the lower end of the stated range may still represent a genuinely lower level for that individual. Where testosterone is relevant to symptoms, clinical assessment and symptom review matter as much as the number.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Testosterone declines gradually with age rather than dropping sharply at menopause. The ovaries keep contributing through the transition and slow further afterwards, while the adrenal glands continue producing smaller amounts throughout. Some women notice changes in libido, energy or muscle strength along the way.

CONSIDERATIONS

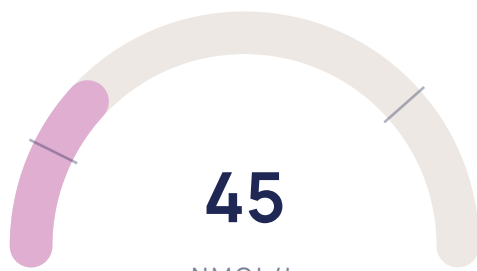
- Maintain muscle mass through resistance and strength training, this supports both physical and metabolic health.
- Prioritise adequate protein in your diet to support muscle and energy.

Retesting in six months shows whether this is stable or changing.

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Sex Hormone Binding Globulin (SHBG)

Tested 2 September 2026 · Single reference range applies to adult women



REFERENCE: 27.8 - 146

WITHIN RANGE

FOR DEMO

Your result is within the expected range, consistent with a balanced ability to carry and regulate hormones in the blood.

CONSIDERATIONS (CONTINUED)

- Include balanced meals with protein and fibre to support blood sugar stability.
- Limit excess alcohol. Alcohol reduces SHBG and can affect the balance of free hormones.

WHAT IS SEX HORMONE BINDING GLOBULIN (SHBG) AND WHY IT MATTERS

SHBG is a protein made in the liver that binds oestrogen and testosterone in the blood. Bound hormones are inactive. Only 'free' hormones that are not bound to SHBG are available to act on tissues.

SHBG levels are influenced by several factors beyond hormones: oestrogen therapy raises SHBG, insulin resistance and weight gain lower it, alcohol consumption lowers it, and thyroid function affects it in both directions. Hypothyroidism tends to lower SHBG, while hyperthyroidism can raise it. This makes SHBG a useful marker of broader metabolic and liver health as well as hormonal context.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

SHBG tends to fall with weight gain and insulin resistance, both of which become more common through the transition. It rises considerably on oral oestrogen therapy. Either shift changes how much of your testosterone and oestradiol is free to act, which is why the three are read together.

CONSIDERATIONS

- SHBG is made in the liver and changes with oestrogen use, weight, insulin sensitivity, alcohol intake, and thyroid function.
- Higher SHBG means less 'free' testosterone is available. Lower SHBG means more free hormone is circulating.
- Stay active with both aerobic and resistance training to support metabolism and insulin sensitivity.

Retesting in six months shows whether this is stable or changing.

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Free Androgen Index (FAI)

Tested 2 September 2026 · Single reference range applies to adult women



REFERENCE: 0.5 – 6.5

WITHIN RANGE

FOR DEMO

Your result is within the expected range, consistent with typical androgen availability at this stage.

WHAT IS FREE ANDROGEN INDEX (FAI) AND WHY IT MATTERS

The Free Androgen Index is a calculated value using testosterone and SHBG. It estimates how much testosterone is 'free' and biologically active rather than bound and inactive. FAI changes when either testosterone or SHBG changes, so it reflects the combined picture of both markers.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

FAI moves through the transition because testosterone and SHBG are both changing at once. Free androgen can shift even when total testosterone looks stable, so the two results only make sense read alongside each other.

CONSIDERATIONS

- Focus on overall metabolic health with regular exercise and balanced nutrition.
- Manage stress and prioritise rest to support adrenal and hormonal balance.
- Keep weight stable, particularly around the middle, abdominal fat and insulin resistance affect SHBG and therefore FAI.

TSH (Thyroid Stimulating Hormone)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your TSH is within the laboratory range but sits in the upper zone. If you are experiencing symptoms that overlap with thyroid underactivity (fatigue, weight gain, low mood, brain fog, dry skin), this result is worth discussing.

In our questionnaire you let us know that you are taking thyroid medication. Your TSH is being monitored as part of your thyroid treatment. Discuss your results with your GP to ensure your dose is optimal.

CONSIDERATIONS (CONTINUED)

- Eat selenium-rich foods (brazil nuts, fish, eggs, mushrooms) and iodine sources (white fish, dairy, fortified plant milks, seaweed in moderation).
- Ensure iron (red meat, beans, lentils, spinach) and zinc (meat, pumpkin seeds, beans), both are important for thyroid function.

WHAT IS TSH (THYROID STIMULATING HORMONE) AND WHY IT MATTERS

TSH is produced by the pituitary gland and stimulates the thyroid gland to produce hormones. It is the most sensitive early marker of thyroid function and usually the first to change if something shifts.

TSH follows a daily rhythm. It is highest in the early morning and lower in the afternoon. Testing at different times of day can produce noticeably different results, particularly for borderline readings. For the most comparable results over time, testing at the same time of day is recommended.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Falling progesterone in perimenopause can reduce its calming effect on the pituitary, sometimes allowing TSH to rise.

Autoimmune thyroid conditions are more common in midlife women, partly because declining oestrogen affects immune regulation. This can also influence TSH.

TSH often creeps up gradually with age, even when thyroid hormones are still within range.

CONSIDERATIONS

- One test alone is not always conclusive, retesting in a few months or at the same time of year helps to build a clearer picture.
- For reliable comparisons over time, test at the same time of day (ideally morning) and in similar conditions.

Retesting in six months shows whether this is stable or changing.

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TSH (Thyroid Stimulating Hormone) (continued)

CONSIDERATIONS (CONTINUED)

- Maintain vitamin D through safe sun exposure, oily fish, fortified foods, or supplements if needed.
- Prioritise regular sleep, manage stress, and keep physically active, these help with overlapping symptoms even when they cannot alter TSH directly.

NEXT STEPS

- Your TSH is within the lab range but on the higher end. Retesting in 3-6 months will show whether it is stable or trending upward. If symptoms develop, discuss sooner.

Free T4 (Thyroxine)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your Free T4 is within range but on the lower end. If your TSH is also on the higher end and you are experiencing symptoms (fatigue, weight gain, brain fog), this combination is worth discussing with your GP.

In our questionnaire you let us know that you are taking thyroid medication. Your Free T4 level reflects your thyroid medication dose. Discuss your results with your GP to ensure your treatment is optimal.

WHAT IS FREE T4 (THYROXINE) AND WHY IT MATTERS

The main hormone produced by the thyroid gland. T4 circulates in the blood and is largely inactive. It acts as a store that is converted to the active T3 in tissues throughout the body. 'Free' T4 refers to the small fraction not bound to carrier proteins, which is what this test measures.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Free T4 levels may drift down slowly with age.

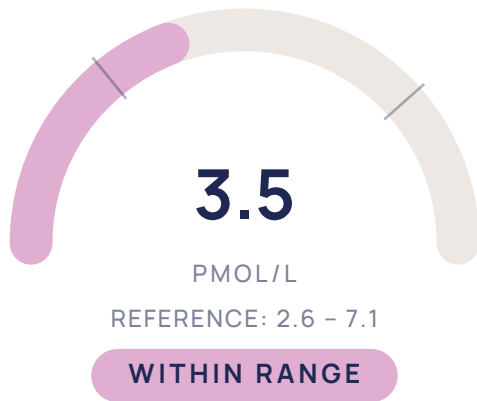
Binding proteins influenced by oestrogen (from HRT or contraception) can affect total T4, but Free T4 gives a clearer and more reliable picture independent of these effects.

CONSIDERATIONS

- Ensure good selenium intake (brazil nuts, seafood, eggs). Selenium is required for the conversion of T4 to T3.
- Maintain iodine intake through dairy, fish, and fortified foods.
- Adequate protein supports hormone conversion and transport.
- Recheck in similar conditions (same time of day, consistent timing relative to any medication) for reliable comparisons.

Free T3 (Triiodothyronine)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range. Conversion from T4 to active T3 is within the typical range.

In our questionnaire you let us know that you are taking thyroid medication. Your Free T3 may be affected by your medication, particularly if you take combination T4/T3 therapy. Discuss results with your GP.

CONSIDERATIONS (CONTINUED)

- T3 fluctuates. Recheck over time to see trends rather than relying on one snapshot.

WHAT IS FREE T3 (TRIIODOTHYRONINE) AND WHY IT MATTERS

The most biologically active thyroid hormone. T3 regulates energy use, body temperature, heart rhythm, and brain function. Most T3 is produced not by the thyroid directly but by converting T4 in tissues throughout the body, particularly the liver, kidneys, and muscles.

This conversion process requires selenium and zinc, and can be impaired by chronic stress, significant caloric restriction, inflammation, and illness. It is possible to have T3 on the lower side even when T4 is adequate, particularly for women navigating a demanding period physically or emotionally.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Free T3 levels may drift lower with age, reflecting slower conversion from T4.

Some women notice more fatigue or brain fog if T3 is lower, though these symptoms overlap significantly with menopause itself, which can make it difficult to separate the two without looking at the full thyroid panel together.

CONSIDERATIONS

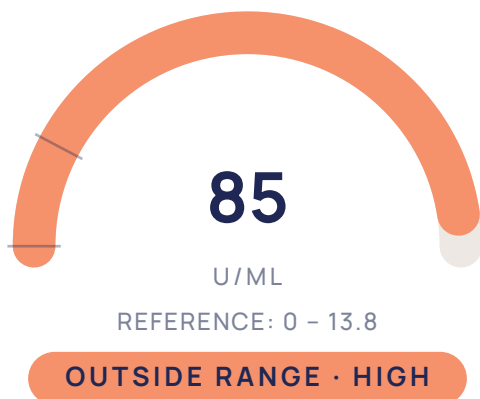
- Include selenium (brazil nuts, fish, eggs), zinc (meat, seafood, beans, seeds), and iron (meat, lentils, leafy greens), all are needed for T4 to T3 conversion.
- A diet with balanced protein supports thyroid hormone metabolism.
- Regular movement and stress management can ease overlapping symptoms such as fatigue, brain fog, or low mood.

Retesting in six months shows whether this is stable or changing.

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Anti-TPO (Thyroid Peroxidase Antibodies)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result may indicate immune activity around the thyroid gland. This is most meaningful when interpreted alongside your TSH, Free T4, and Free T3. Antibody presence does not automatically mean thyroid function is affected. Please share this result with your GP, who can advise on the appropriate monitoring interval.

CONSIDERATIONS

- Antibody results are most useful when interpreted alongside TSH, Free T4, and Free T3 together, not in isolation.
- Sleep regularly and manage stress.
- Include selenium-rich foods (brazil nuts, seafood, eggs) and zinc sources (meat, beans, seeds).
- Eat a varied, anti-inflammatory diet (vegetables, oily fish, whole grains).

WHAT IS ANTI-TPO (THYROID PEROXIDASE ANTIBODIES) AND WHY IT MATTERS

Thyroid peroxidase (TPO) is an enzyme the thyroid uses to produce hormones. Anti-TPO antibodies indicate the immune system is reacting against this enzyme. Their presence can interfere with hormone production and is associated with autoimmune thyroid activity.

Anti-TPO is the more clinically relevant of the two thyroid antibody markers. It is more closely associated with autoimmune thyroid disease than Anti-TG.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Autoimmune conditions are more common in midlife women. As oestrogen falls, immune responses can become more reactive, sometimes unmasking underlying autoimmune tendencies.

Importantly: antibody presence does not automatically mean thyroid disease will develop or progress. Many women have elevated Anti-TPO for years, sometimes decades, with no change in thyroid function. Antibodies are one piece of the picture, not a assessment in themselves.

Autoimmune thyroid disease often runs in families. If this applies to you, antibody results may carry more significance.

Slow changes: antibodies may appear long before thyroid function shifts, or may never cause a functional change.

Retesting in six months shows whether this is stable or changing.

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Anti-TPO (Thyroid Peroxidase Antibodies) (continued)

CONSIDERATIONS (CONTINUED)

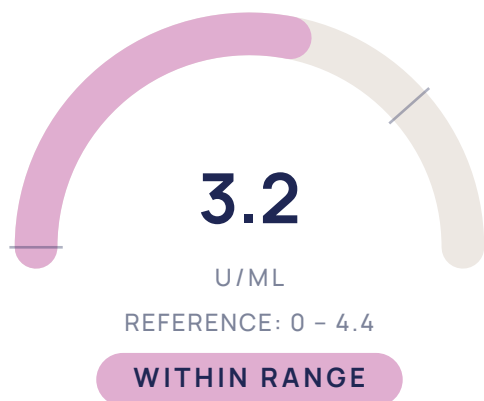
- Fatigue, weight changes, and mood shifts are common in both menopause and thyroid autoimmunity, symptoms alone cannot distinguish between them.
- If Anti-TPO is above range, please share your results with your GP. Monitoring over time, with periodic TSH, T₄, and T₃ checks, is the standard approach to watch whether thyroid function is affected.
- An elevated result does not mean you are experiencing thyroid disease or will develop it. Your GP can advise on the appropriate follow-up interval based on the level and any symptoms you are experiencing.
- If thyroid issues run in your family, mention this when discussing your results.

NEXT STEPS

- Your Anti-TPO antibodies are elevated, which is consistent with an autoimmune response against your thyroid. Take this result to your GP alongside your TSH. Even if TSH is currently within the expected range, elevated antibodies can indicate a possibility of future thyroid changes and warrant monitoring.
- Annual thyroid function monitoring (TSH, Free T₄) is recommended when Anti-TPO antibodies are elevated, even if current function is normal.

Anti-TG (Thyroglobulin Antibodies)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range. No significant immune reaction against thyroglobulin detected.

WHAT IS ANTI-TG (THYROGLOBULIN ANTIBODIES) AND WHY IT MATTERS

Thyroglobulin is a protein the thyroid uses to make hormones. Anti-TG antibodies mean the immune system is producing a reaction against thyroglobulin. Anti-TG is less specific than Anti-TPO. It can be elevated in autoimmune thyroid conditions, but also in some people without any thyroid disease. On its own, Anti-TG is not sufficient to identify a condition.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Autoimmune thyroid antibodies are more common in midlife. Anti-TG may appear long before any thyroid hormone changes, or may never cause a problem.

As with Anti-TPO: antibody presence is not the same as disease. Many people carry Anti-TG without any impact on thyroid function.

Thyroid autoimmunity often runs in families, which is relevant context for your results.

CONSIDERATIONS

- Anti-TG is best understood alongside Anti-TPO, TSH, T₄, and T₃ as a complete thyroid picture.
- Prioritise stress care and regular sleep.
- Eat selenium- and zinc-rich foods and maintain a varied anti-inflammatory diet.
- Levels may fluctuate over time. Follow-up tests can show whether antibodies are stable or changing.
- Symptoms like fatigue and mood changes are common in menopause and not specific to thyroid antibodies.

Retesting in six months shows whether this is stable or changing.

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Prolactin

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range.
Prolactin is at a typical adult level.

CONSIDERATIONS (CONTINUED)

- If prolactin has been elevated on more than one test, a repeat in a rested, fasting state (avoiding exercise and sexual activity beforehand) can give a more reliable reading.

WHAT IS PROLACTIN AND WHY IT MATTERS

Prolactin is a hormone made in the pituitary gland. It is best known for its role in breast milk production, but it also influences menstrual cycle regulation, breast tissue health, mood, and energy.

Prolactin rises naturally with stress, exercise, sleep, and sexual activity, it also fluctuates significantly throughout the day, usually highest in the morning. A single result may not fully represent typical levels.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

For most women, prolactin levels stay fairly steady during the menopause transition.

Sometimes prolactin can rise due to stress, certain medications (including SSRIs and antidepressants), or thyroid changes.

Raised prolactin may cause symptoms such as irregular periods or breast tenderness, many of which overlap with perimenopause.

CONSIDERATIONS

- Prolactin rises with stress and disrupted sleep. Regular sleep routines and relaxation practices may help.
- Regular physical activity, a balanced diet, and maintaining a healthy weight support overall hormone balance.
- Prolactin is most useful when interpreted alongside thyroid and reproductive hormones, not on its own.

Retesting in six months shows whether this is stable or changing.

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Your Bone Results

Bone health becomes increasingly important during and after menopause. Falling oestrogen accelerates bone loss, so the minerals and signalling molecules that govern bone turnover – calcium, phosphate, PTH, ALP and vitamin D – together tell a fuller story than any one of them alone.

AT A GLANCE

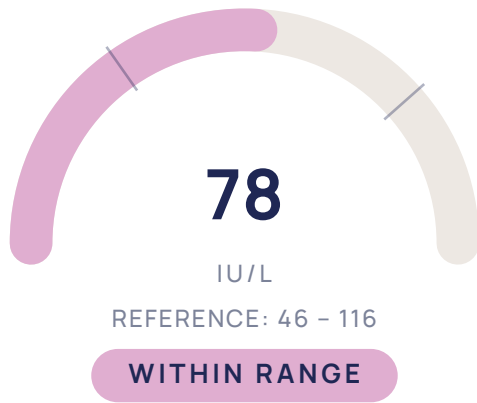
● Within range ● Worth noting ● Outside range



Bone markers shift slowly. Read these results alongside any family history of osteoporosis, your activity levels, and how your body has been feeling.

Alkaline Phosphatase (ALP)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range.
Bone turnover and liver ALP are within
typical limits.

WHAT IS ALKALINE PHOSPHATASE (ALP) AND WHY IT MATTERS

ALP is an enzyme found in both bone and liver tissue. In the context of bone health, it reflects bone turnover, how actively bone tissue is being broken down and rebuilt. However, an important limitation is that a standard ALP test cannot distinguish between ALP from bone and ALP from the liver, both contribute to the same measurement. An elevated result may reflect increased bone activity, liver involvement, or both. For this reason, ALP is most useful when read alongside calcium, vitamin D, and PTH rather than in isolation.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

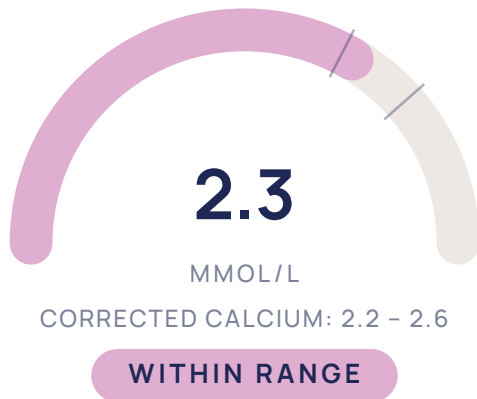
Bone turnover naturally increases as oestrogen declines, which can cause ALP to rise slightly, though changes are often subtle and within range.

CONSIDERATIONS

- Engage in weight-bearing exercise (walking, running, resistance training) to support bone remodelling.
- Ensure enough protein daily (meat, fish, dairy, beans, lentils) and include calcium-rich foods (milk, yoghurt, cheese, fortified plant milks, leafy greens).
- Maintain vitamin D through safe sun exposure, oily fish, eggs, fortified foods, or supplements if advised.

Calcium

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range. This is reassuring for immediate physiology. Note that blood calcium can stay normal even if bone calcium stores are being depleted. It is best read alongside vitamin D, PTH, and ALP for a complete bone health picture.

CONSIDERATIONS (CONTINUED)

- Spread calcium intake across the day to improve absorption, the body absorbs smaller amounts more efficiently than large single doses.
- Vitamin D is essential for calcium absorption. Without adequate vitamin D, dietary calcium is poorly absorbed regardless of intake.
- Avoid smoking and limit alcohol, both of which weaken bones.

WHAT IS CALCIUM AND WHY IT MATTERS

Calcium is vital for bone and teeth strength, muscle function, nerve signalling, and hundreds of cellular processes. Most calcium (around 99%) is stored in bones and teeth. Only a tiny fraction circulates in the blood.

An important clinical distinction: blood calcium is tightly controlled by the body at the expense of bone stores if needed. A normal blood calcium result is reassuring about immediate physiology and organ function, but does not support that bone calcium stores are adequate. It is entirely possible to have normal blood calcium while bone density is being depleted. Blood calcium is best interpreted alongside vitamin D, PTH, and ALP for a more complete bone health picture.

'Corrected calcium' accounts for albumin levels to give a more accurate picture. This is the value used here.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Blood calcium is tightly controlled and usually stays within range, even if bone stores are being lost, which is why it is not a direct measure of bone density.

As oestrogen declines, bone turnover increases and long-term bone calcium can be depleted even when blood calcium remains normal.

CONSIDERATIONS

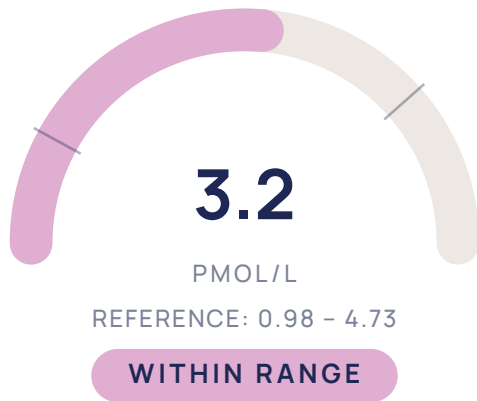
- Eat calcium-rich foods daily: dairy, fortified plant milks, green leafy vegetables, tinned fish with bones, tofu made with calcium sulphate.

Retesting in six months shows whether this is stable or changing.

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Parathyroid Hormone (PTH)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range.
Calcium regulation is balanced.

WHAT IS PARATHYROID HORMONE (PTH) AND WHY IT MATTERS

PTH is released from four small parathyroid glands in the neck. It carefully regulates calcium and phosphate, keeping blood levels stable, mobilising calcium from bone when blood levels fall and signalling the kidneys to conserve or excrete calcium as needed. Chronically elevated PTH accelerates bone loss.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

PTH may rise if vitamin D or calcium intake is consistently low, the body tries to maintain blood calcium by instructing bone to release it.

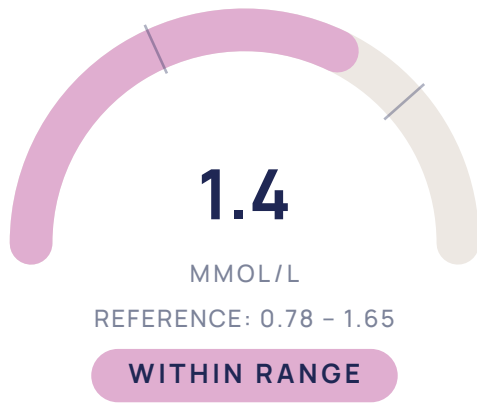
Chronic low-grade PTH elevation is one mechanism through which bone density can be lost over time, even when blood calcium appears within the expected range.

CONSIDERATIONS

- Maintain adequate calcium and vitamin D intake, this reduces the stimulus for PTH to rise.
- Stay physically active to support healthy bone remodelling.
- PTH is best interpreted alongside calcium, vitamin D, and ALP as part of the bone health picture.

Phosphate

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range.
Phosphate balance is steady.

WHAT IS PHOSPHATE AND WHY IT MATTERS

Phosphate partners with calcium to form the mineral structure of bones and teeth. It is also essential for energy metabolism (ATP production) and cell function. Phosphate levels are regulated alongside calcium by PTH and vitamin D.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Phosphate levels usually remain stable, but shifts can occur if calcium or parathyroid hormone change.

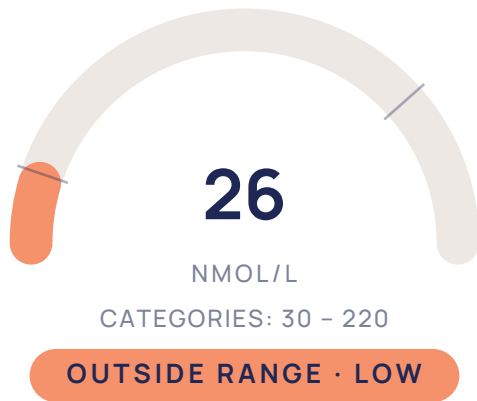
Results outside the expected range phosphate levels can influence bone turnover and should be interpreted in the context of the full bone panel.

CONSIDERATIONS

- Ensure a diet with protein, whole grains, and dairy or alternatives, all of which provide phosphate.
- Consider results in the context of calcium, vitamin D, and PTH, phosphate rarely tells a useful story in isolation.

Vitamin D

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is below the sufficient level. Some women report muscle weakness, fatigue, low mood, or bone discomfort with low vitamin D, symptoms that also overlap with perimenopause. Supplementation is usually recommended, discuss dosing with your GP, particularly if levels are very low.

CONSIDERATIONS (CONTINUED)

- UK guidance recommends considering autumn and winter supplementation for most adults. 400–the appropriate dose (your GP can advise) daily is the typical recommended range for maintenance.
- Ensure adequate magnesium alongside vitamin D supplementation. Magnesium is needed to activate vitamin D, and deficiency in magnesium can limit the benefit of supplementation. Nuts, seeds, dark chocolate, whole grains, and leafy greens are good sources.

WHAT IS VITAMIN D AND WHY IT MATTERS

Vitamin D is a fat-soluble hormone precursor that the body makes from sunlight exposure on skin, and obtains in smaller amounts from food. Its primary role is to help the gut absorb calcium and phosphate from food, making it foundational to bone strength. It also supports muscle function, immune regulation, and mood.

An important co-dependency: magnesium is required to convert vitamin D to its active form in the body. Women who are supplementing vitamin D without adequate magnesium may not achieve the expected benefit from their supplement.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Low vitamin D is common in midlife and later years, particularly in the UK where sunlight exposure is limited for much of the year.

Deficiency can accelerate bone loss and increase fracture risk, particularly as oestrogen declines and bone turnover increases.

Vitamin D deficiency can cause fatigue, low mood, and muscle weakness, symptoms that overlap significantly with perimenopause.

CONSIDERATIONS

- Safe sun exposure in spring and summer months (short periods without sunscreen on arms and face) is the most effective source.
- Include oily fish (salmon, sardines, mackerel), fortified foods, and eggs.

Retesting in six months shows whether this is stable or changing.

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Vitamin D (continued)

CONSIDERATIONS (CONTINUED)

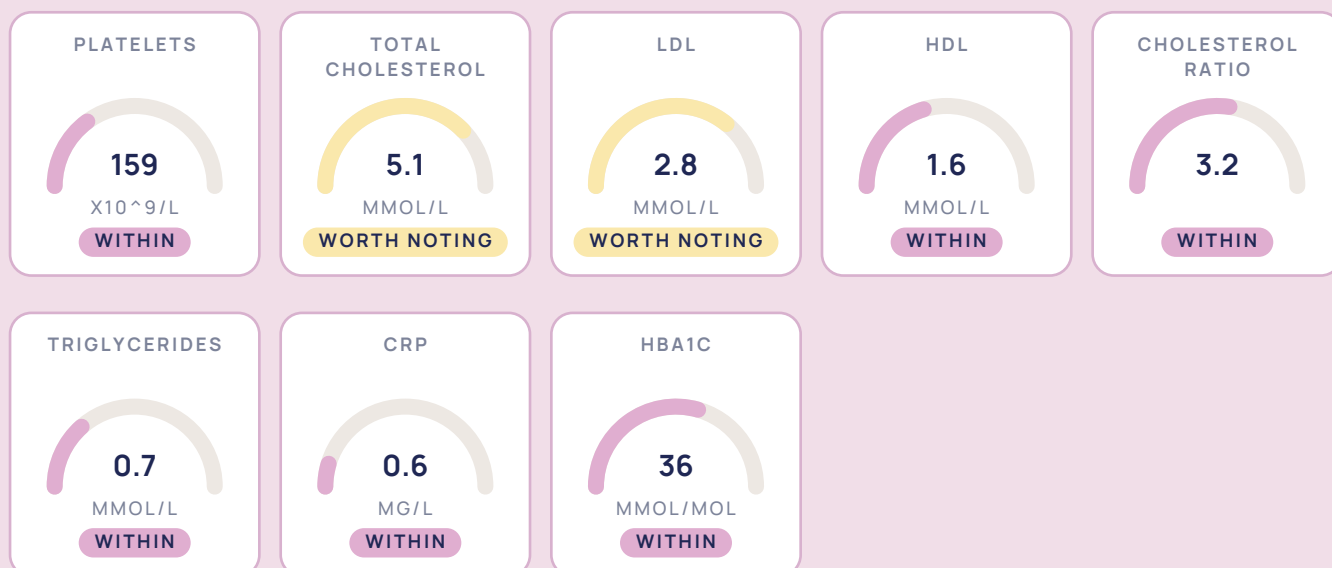
- Retesting after a supplement course or seasonal change can support whether levels are improving.
- If vitamin D is deficient or insufficient, supplementation is usually appropriate, but dosing should be guided by your GP, particularly if levels are very low, as higher loading doses may be needed initially.
- Combine supplementation with dietary sources and safe sun exposure where possible, and ensure magnesium adequacy for optimal conversion.

Your Heart & Metabolism Results

During perimenopause and after menopause, blood lipids, inflammation and blood sugar regulation often shift. Falling oestrogen reduces some of the cardiovascular protection you had in your reproductive years, so these markers become more meaningful in midlife – together they tell you about heart and metabolic health.

AT A GLANCE

● Within range ● Worth noting ● Outside range



Cardiovascular markers reflect long-term patterns. A single result is one snapshot – context matters, and family history, lifestyle and recent illness all influence the picture.

Platelets

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range. Platelets help your blood to clot, and a result in range suggests your clotting capacity is within typical limits. Platelet counts can rise temporarily with inflammation or recent illness, so a single result is best read in context.

WHAT IS PLATELETS AND WHY IT MATTERS

Platelets are small cell fragments that help your blood clot. They rush to the site of any injury and work together to stop bleeding. The platelet count is a measure of your blood's clotting capacity.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Platelet counts are not directly driven by oestrogen, so they tend to stay steady through perimenopause. Where they do shift, the usual reasons are inflammation, recent illness or iron deficiency rather than hormonal change itself.

Total Cholesterol

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your total cholesterol is within the acceptable range but approaching the upper threshold. This is worth keeping an eye on, particularly in the context of your other lipid markers.

WHAT IS TOTAL CHOLESTEROL AND WHY IT MATTERS

Cholesterol is an essential molecule for cell membrane structure, hormone production (including oestrogen and testosterone), and bile acid formation. 'Total cholesterol' measures the combined amount of all cholesterol types, both the protective HDL and the less desirable LDL. This is why total cholesterol is most useful when read alongside HDL, LDL, and the cholesterol ratio rather than as a standalone figure.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Oestrogen has a protective effect on cholesterol balance. It tends to raise HDL ('good' cholesterol) and keep LDL lower. As oestrogen declines, total cholesterol often rises, particularly after menopause. This partly explains why women's cardiovascular risk increases postmenopause.

CONSIDERATIONS

- Eat more fibre (oats, whole grains, beans, vegetables) to help reduce cholesterol absorption.
- Limit saturated fats (fatty meats, butter, processed foods) and ultra-processed foods.
- Regular physical activity, particularly aerobic exercise, improves cholesterol balance.
- Weight management, especially around the waist, reduces cardiovascular risk.

LDL Cholesterol

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your LDL is within the reference range but approaching the upper threshold. LDL is the primary target for cardiovascular risk reduction. This is worth keeping an eye on, particularly alongside other risk factors.

WHAT IS LDL CHOLESTEROL AND WHY IT MATTERS

LDL (low-density lipoprotein) carries cholesterol from the liver to tissues throughout the body. When LDL levels are high, excess cholesterol can accumulate in artery walls, contributing to atherosclerosis over time. LDL is often called 'bad' cholesterol, though it serves necessary functions at normal levels.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

LDL often rises after menopause, reflecting the loss of oestrogen's protective effect on cholesterol metabolism. This is one of the reasons cardiovascular risk increases in postmenopausal women.

CONSIDERATIONS

- Focus on reducing saturated fats (processed meats, fried foods, full-fat dairy in excess).
- Include unsaturated fats (olive oil, nuts, seeds, oily fish).
- Combine dietary changes with regular movement, both aerobic and resistance training.
- Limit alcohol and, if applicable, stop smoking, both influence lipid profiles.

NEXT STEPS

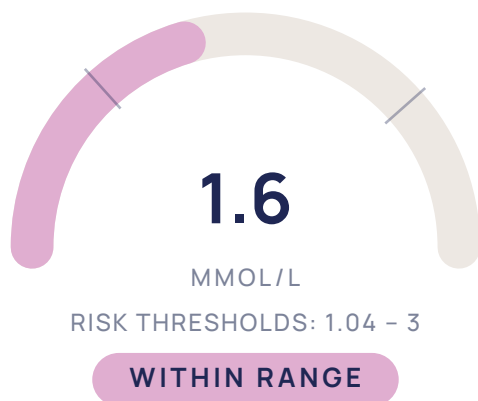
- Your LDL is approaching the upper threshold. Increasing soluble fibre (oats, beans), reducing saturated fat, and adding plant sterols can help. Regular aerobic exercise also lowers LDL.

Retesting in six months shows whether this is stable or changing.

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HDL Cholesterol

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range. HDL is at a level that provides some cardiovascular protection.

WHAT IS HDL CHOLESTEROL AND WHY IT MATTERS

HDL (high-density lipoprotein) carries cholesterol away from the arteries back to the liver for processing. Higher HDL is generally protective. It is part of the body's mechanism for clearing excess cholesterol from circulation. Lower HDL means this clearance process is less efficient, which can increase long-term cardiovascular risk.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Oestrogen helps keep HDL levels higher. As oestrogen declines during and after menopause, HDL levels often fall.

This drop in HDL partly explains why cardiovascular risk increases after menopause. It is not only about LDL rising, but also about the loss of HDL's protective effect.

CONSIDERATIONS

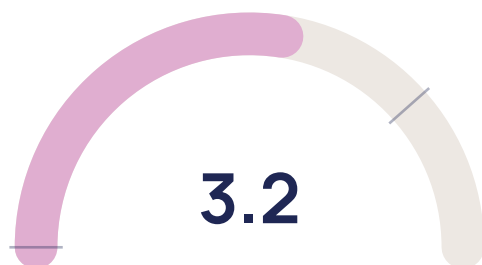
- Exercise regularly, especially aerobic activity (brisk walking, cycling, swimming). Aerobic exercise is one of the most effective ways to raise HDL.
- Maintain a healthy weight, as excess weight can lower HDL.
- Include unsaturated fats (olive oil, nuts, seeds, oily fish).
- Avoid smoking, which lowers HDL.
- Keep alcohol moderate, although small amounts may raise HDL slightly, excess alcohol raises triglycerides and has net negative effects.
- Retesting after lifestyle changes gives a clearer picture of progress.

Retesting in six months shows whether this is stable or changing.

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Cholesterol Ratio

Tested 2 September 2026 · Single reference range applies to adult women



REFERENCE: 0 - 4.5

WITHIN RANGE

FOR DEMO

Your ratio is within the recommended range, consistent with a balance between protective HDL and total cholesterol.

WHAT IS CHOLESTEROL RATIO AND WHY IT MATTERS

The cholesterol ratio divides total cholesterol by HDL ('good' cholesterol). It gives a more complete picture of cardiovascular risk than total cholesterol alone. Because a high total cholesterol is less concerning if HDL is also high, while even a moderate total cholesterol can indicate risk if HDL is low. A ratio below 4.5 is generally considered desirable.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Oestrogen helps maintain a favourable ratio by raising HDL. As oestrogen falls, HDL often declines and total cholesterol may rise, leading to a less favourable ratio.

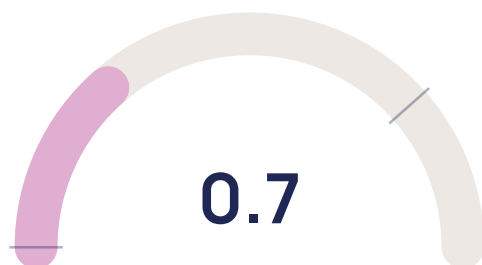
This shift partly explains why women's cardiovascular risk increases after menopause, even when total cholesterol alone does not look dramatically different.

CONSIDERATIONS

- Increase HDL through regular aerobic exercise, maintaining a healthy weight, and avoiding smoking.
- Lower total cholesterol by reducing saturated fats and including unsaturated fats, fibre, and plenty of vegetables.
- Retesting in 6–12 months shows whether lifestyle or treatment is improving the ratio.

Triglycerides

Tested 2 September 2026 · Single reference range applies to adult women



DEPENDS ON FASTING: 0 - 2

WITHIN RANGE

FOR DEMO

Your result is within the expected range. Fat metabolism is balanced.

WHAT IS TRIGLYCERIDES AND WHY IT MATTERS

Triglycerides are a type of fat in the blood, stored after eating and released for energy between meals. Elevated triglycerides can increase cardiovascular risk, particularly in combination with low HDL.

An important point about what drives triglycerides: while dietary fat is often assumed to be the main cause, triglycerides are more directly influenced by refined carbohydrates, added sugars, and alcohol than by fat intake. Foods like white bread, sugary drinks, pastries, sweets, and alcohol are stronger drivers of elevated triglycerides than dietary fat. This is often counterintuitive and worth knowing when considering how to act on a high result.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Triglycerides often rise with weight gain and insulin resistance, both of which become more common after menopause as oestrogen declines.

Note: triglycerides should ideally be measured fasting (after at least 8–12 hours without food other than water). A non-fasting test will naturally show higher levels. The reference range varies accordingly. See the ranges above.

CONSIDERATIONS

- Stay physically active, especially after meals, even a short walk improves post-meal triglyceride clearance.
- Aim for steady weight management, particularly around the waist, which is associated with insulin resistance.

Retesting in six months shows whether this is stable or changing.

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C-Reactive Protein (CRP)

Tested 2 September 2026 · Single reference range applies to adult women



HIGH-SENSITIVITY CRP (HS-CRP): 0 – 5

WITHIN RANGE

FOR DEMO

Your result is within the expected range, consistent with low background inflammation at the time of testing.

WHAT IS C-REACTIVE PROTEIN (CRP) AND WHY IT MATTERS

CRP is a protein the liver produces in response to inflammation anywhere in the body. High-sensitivity CRP (hs-CRP) is a sensitive measure used to assess background cardiovascular risk and systemic inflammation.

An important distinction: CRP rises sharply in response to acute events, infection, injury, illness, intense exercise, or even a cold. A single elevated result shortly after any of these has limited meaning for long-term health. CRP as a cardiovascular risk marker is most meaningful when measured at a stable, healthy baseline (not during or just after illness) and interpreted as a pattern over time, not a single reading.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Low-grade chronic inflammation is more common with ageing, weight gain, and declining oestrogen.

If CRP is persistently elevated across multiple tests, this may reflect ongoing low-grade inflammation linked to metabolic or cardiovascular health rather than an acute event.

CONSIDERATIONS

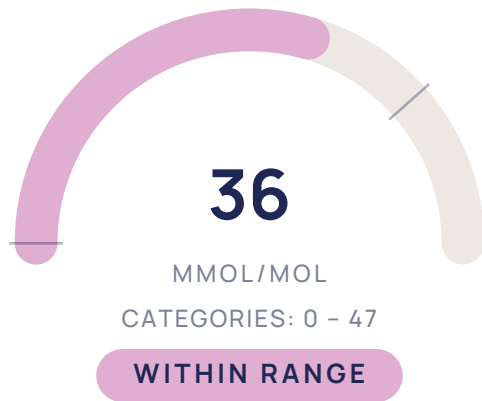
- Maintain a diet rich in anti-inflammatory foods (vegetables, oily fish, whole grains, olive oil, nuts).
- Prioritise sleep and stress management, both are significant drivers of chronic inflammation.
- Avoid smoking and keep alcohol intake moderate.
- Stay active. Regular physical activity has consistent anti-inflammatory effects.

Retesting in six months shows whether this is stable or changing.

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HbA1c (Average Blood Sugar)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range. Your average blood sugar has been well balanced over the past 2–3 months. HbA1c does not require fasting, making it a practical and reliable measure.

WHAT IS HbA1c (AVERAGE BLOOD SUGAR) AND WHY IT MATTERS

HbA1c reflects the amount of glucose that has attached to haemoglobin in red blood cells over the past 2–3 months, giving an average picture of blood sugar levels over that period. It does not require fasting, unlike some glucose tests, which makes it a practical and reliable measure.

The ranges shown are population-level thresholds. If you are experiencing diabetes, your personal management targets will have been set by your care team and may differ.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Declining oestrogen reduces insulin sensitivity, the body becomes less efficient at managing blood sugar. Weight gain, particularly around the waist, becomes more common after menopause and further increases insulin resistance. Together, these changes mean blood sugar tends to trend upward in the years around menopause, even without dietary changes.

CONSIDERATIONS

- Prioritise balanced meals with protein, fibre, and healthy fats to steady blood sugar throughout the day.
- Stay active daily, even walking after meals measurably improves glucose clearance.
- Maintain a healthy waist-to-hip ratio, as abdominal fat is directly linked to insulin resistance.

Retesting in six months shows whether this is stable or changing.

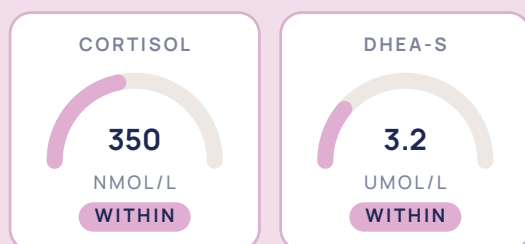
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Your Stress Results

Cortisol and DHEA-S are the hormones produced by your adrenal glands. They regulate your stress response, energy, sleep, mood and metabolism. In perimenopause, the way your body handles stress can shift – these markers help you understand if and how that's happening.

AT A GLANCE

● Within range ● Worth noting ● Outside range



Cortisol naturally fluctuates throughout the day. A morning reading is a useful snapshot, but a single number doesn't capture the full picture. Patterns over time tell a richer story.

Cortisol

Tested 2 September 2026 · Single reference range applies to adult women



350

NMOL/L

DEPENDS ON TIME OF DAY: 145.4 - 619.4

WITHIN RANGE

FOR DEMO

Your result is within the expected range for the time of testing. Cortisol follows a strong daily rhythm. This result is a snapshot, not a full picture of your daily pattern.

CONSIDERATIONS (CONTINUED)

- Limit excess caffeine and alcohol, both of which can disrupt cortisol balance.

WHAT IS CORTISOL AND WHY IT MATTERS

Cortisol is often called the 'stress hormone' because it is central to the body's response to stress and challenge. It follows a strong daily rhythm: highest in the early morning (peaking around 8am), gradually falling through the day, and lowest at night. This rhythm helps regulate energy, blood pressure, immune function, and blood sugar.

A single blood test captures cortisol at one moment in this daily cycle. This is a meaningful snapshot but does not reflect your full daily cortisol pattern, the time of testing matters significantly for interpretation.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Progesterone has a calming effect on the brain's stress circuits, so as it declines many women feel more reactive to stress even when nothing in their life has changed. Cortisol rhythms also become less distinct with age.

CONSIDERATIONS

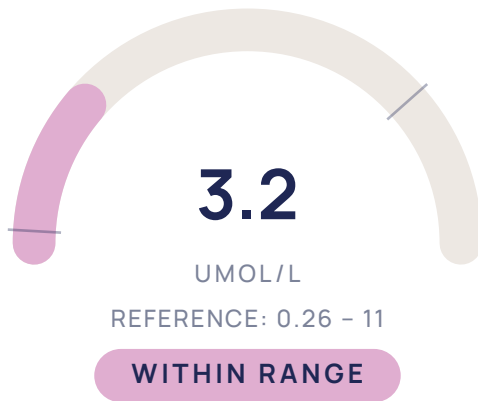
- Cortisol naturally peaks in the morning and falls through the day. For comparable results over time, always test at the same time of day.
- Keep a consistent sleep-wake routine. Sleep is one of the most important regulators of cortisol rhythm.
- Manage stress with regular relaxation practices: mindfulness, yoga, or whatever works sustainably for you.
- Aim for steady meal timing with balanced meals (protein, fibre, healthy fats), erratic eating affects cortisol patterns.

Retesting in six months shows whether this is stable or changing.

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DHEA-S

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range for your age group. Adrenal androgen production is typical.

WHAT IS DHEA-S AND WHY IT MATTERS

DHEA-S is made in the adrenal glands and is the most abundant steroid hormone in the body. It is a precursor for both oestrogen and testosterone and also helps modulate the stress response by buffering some of the effects of cortisol.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

DHEA-S declines steadily from the mid-twenties onwards, so the change is gradual and tied to age rather than to menopause itself. Adrenal production continues while ovarian hormones fluctuate.

CONSIDERATIONS

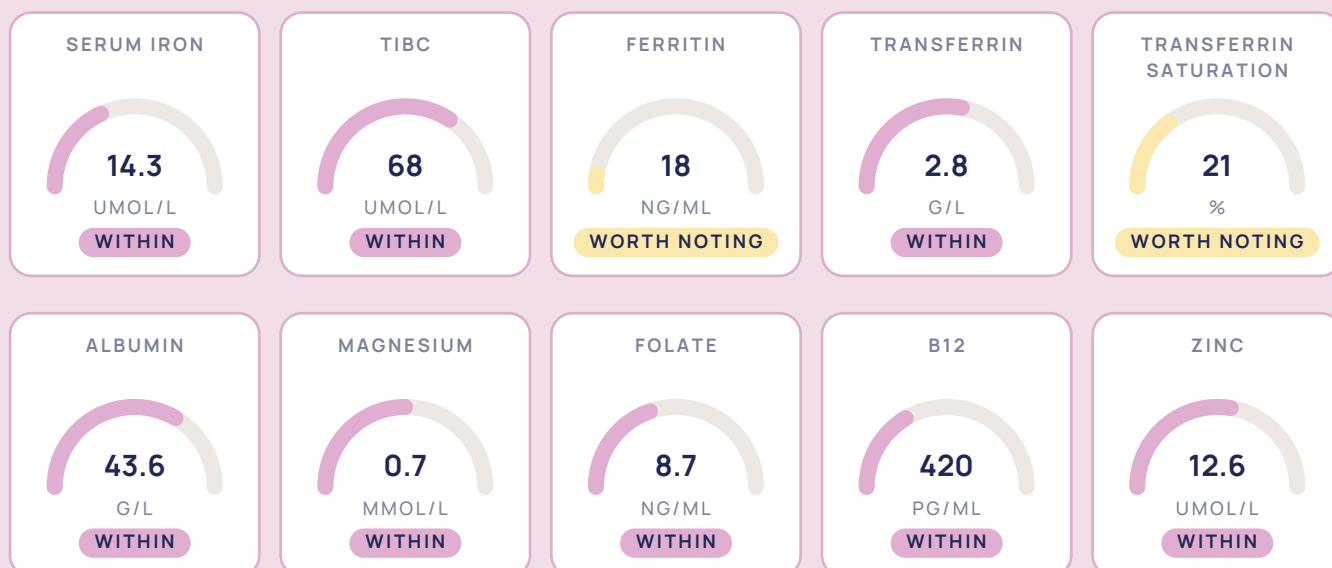
- Prioritise sleep and regular recovery time. Sleep is when the adrenal system replenishes.
- Balance movement with rest: combine gentle exercise with strength training, and avoid overtraining.
- Reduce chronic stressors where possible, small daily relaxation habits accumulate meaningfully.
- Include protein at each meal to support hormone metabolism.
- Focus on a varied wholefood diet (vegetables, fruit, whole grains, healthy fats).
- Results are most meaningful when viewed over time rather than from one test alone.

Your Nutrition Results

Nutrient status underpins how every other system in your body functions. Iron, B12, folate, magnesium and zinc all change with age, diet, absorption and inflammation. Tracking them helps you understand whether your nutrition is meeting your body's needs through this stage of life.

AT A GLANCE

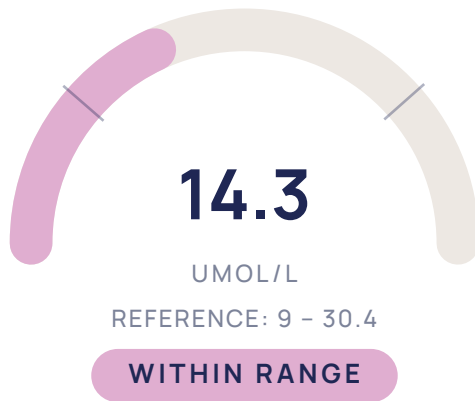
● Within range ● Worth noting ● Outside range



Nutrient levels reflect both what you eat and how your body absorbs and uses it. Inflammation, gut health and supplements all influence these markers.

Serum Iron

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range at the time of testing. Serum iron fluctuates significantly, ferritin gives a more stable picture of iron stores.

WHAT IS SERUM IRON AND WHY IT MATTERS

Serum iron measures the amount of iron circulating in the blood at the moment of testing. It reflects immediate iron availability but fluctuates significantly throughout the day and between days, making it the least stable of the iron markers. It is most useful as part of the full iron panel (alongside ferritin, TIBC, transferrin, and transferrin saturation) rather than in isolation.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Serum iron can drop with heavy or prolonged bleeding, which becomes more common as cycles turn irregular. It steadies once periods stop, though it continues to move day to day with diet and supplements.

CONSIDERATIONS

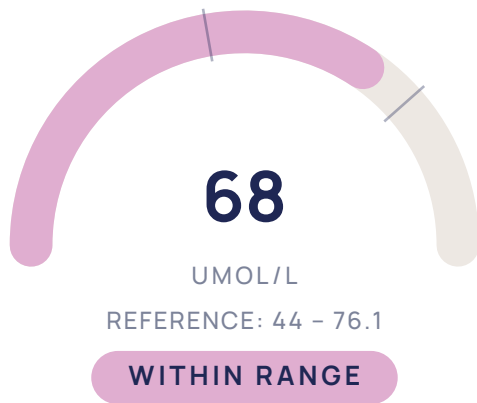
- Eat iron-rich foods: red meat, poultry, fish, lentils, beans, leafy greens, fortified cereals.
- Pair plant-based iron with vitamin C (peppers, citrus) to improve absorption.
- Limit tea and coffee at mealtimes, tannins reduce iron absorption.
- Track patterns rather than relying on one result, serum iron varies daily, and ferritin gives a more stable view of stores.

Retesting in six months shows whether this is stable or changing.

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TIBC (Total Iron Binding Capacity)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range, consistent with typical iron transport capacity.

WHAT IS TIBC (TOTAL IRON BINDING CAPACITY) AND WHY IT MATTERS

TIBC measures how much capacity the blood has to bind and transport iron. Effectively reflecting how much 'space' is available for iron to be carried. It rises when iron is low (the body tries to increase carrying capacity) and falls with iron overload, inflammation, or illness. It is most useful as part of the full iron panel.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Rises when iron stores are low, as the body increases transport capacity.

Falls with iron overload, inflammation, or chronic illness.

CONSIDERATIONS

- Adequate protein intake supports transferrin production (meat, fish, eggs, dairy, beans).
- Most useful interpreted alongside ferritin and transferrin saturation for the complete iron picture.

Ferritin

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your ferritin is in the lower part of the range. Many women feel the effects of falling iron stores, meaning fatigue, brain fog and poor concentration, before ferritin drops far enough to be flagged.

NEXT STEPS

- Your ferritin is within range but on the lower end. Iron-rich foods include red meat, dark leafy greens, lentils, and fortified cereals. Vitamin C taken alongside iron-rich foods improves absorption.

WHAT IS FERRITIN AND WHY IT MATTERS

Ferritin is the protein that stores iron in cells throughout the body. It is the most reliable single marker of overall iron reserves and is used to assess iron deficiency or iron overload. It also supports energy production, immunity, and healthy cell function.

Important limitation: ferritin is an acute-phase reactant, meaning it rises with inflammation, infection, or illness, regardless of actual iron stores. A 'normal' ferritin during a period of inflammation may mask genuine iron deficiency. This is why ferritin should always be read alongside CRP. If CRP is elevated, a seemingly adequate ferritin result may be artificially raised.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Ferritin can fall through the transition as cycles become heavier or more frequent, and it usually steadies once periods have stopped. Low ferritin after that point is more likely to reflect diet, gut absorption or inflammation than blood loss.

CONSIDERATIONS

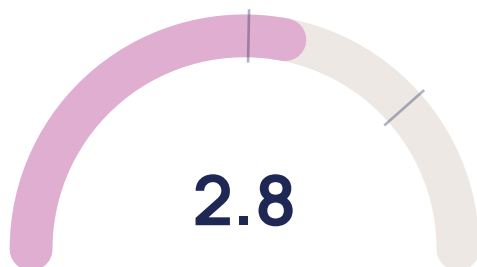
- Include iron-rich foods regularly as part of your diet.
- Only supplement iron if advised by your GP. Excessive iron supplementation can be harmful, and high ferritin can indicate iron overload.
- Retest after treatment or dietary changes to monitor progress.

Retesting in six months shows whether this is stable or changing.

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Transferrin

Tested 2 September 2026 · Single reference range applies to adult women



2.8

G/L

REFERENCE: 2.5 – 3.8

WITHIN RANGE

FOR DEMO

Your result is within the expected range.
Iron transport is balanced.

WHAT IS TRANSFERRIN AND WHY IT MATTERS

Transferrin is the main protein that binds and carries iron in the blood. Like TIBC, it rises when iron is low (to maximise transport efficiency) and falls with inflammation or liver problems.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Rises when iron stores are low.

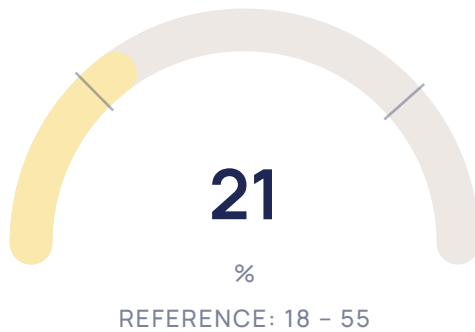
Falls with inflammation, liver disease, or malnutrition.

CONSIDERATIONS

- Adequate protein intake supports transferrin production.
- Always interpret transferrin alongside ferritin, TIBC, and transferrin saturation as part of the complete iron picture.

Transferrin Saturation

Tested 2 September 2026 · Single reference range applies to adult women



WORTH NOTING · LOW

FOR DEMO

Your transferrin saturation is within range but on the lower end. This may indicate early iron depletion before ferritin drops. Interpret alongside your ferritin and serum iron results for the most complete picture.

WHAT IS TRANSFERRIN SATURATION AND WHY IT MATTERS

Transferrin saturation shows the percentage of transferrin that is currently carrying iron, how 'loaded' the transport system is. Low saturation (underloaded) is consistent with iron deficiency. High saturation (overloaded) is consistent with iron overload or heavy supplementation.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Falls in iron deficiency as stores are depleted.

Rises with iron overload, heavy supplementation, or when clearance is impaired.

CONSIDERATIONS

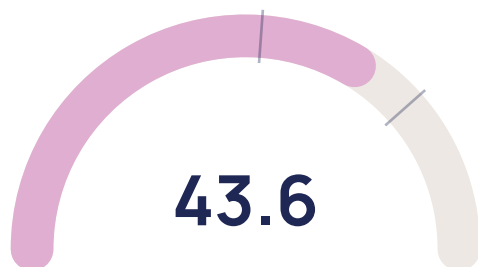
- Eat a balanced diet with iron sources but avoid unprescribed high-dose iron supplements.
- GP review is essential if saturation is persistently outside range, both very low and very high saturations have clinical implications that need proper investigation.

NEXT STEPS

- Your transferrin saturation is on the lower end. This may indicate early iron depletion before ferritin drops. Retesting in 3-6 months will show the direction of travel.

Albumin

Tested 2 September 2026 · Single reference range applies to adult women



G/L

REFERENCE: 34 – 50

WITHIN RANGE

FOR DEMO

Your result is within the expected range, consistent with adequate protein status and liver function.

WHAT IS ALBUMIN AND WHY IT MATTERS

Albumin is a protein made by the liver that reflects overall nutritional status and liver health. It transports hormones, vitamins, medications, and other substances through the blood. Albumin also contributes to the blood's ability to retain fluid in the vessels. Low albumin can contribute to fluid accumulation in tissues.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Albumin is usually stable and changes slowly.

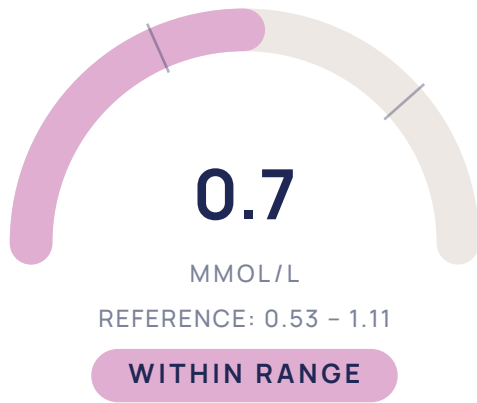
Low results may point to poor dietary protein intake, chronic inflammation, liver involvement, or kidney conditions, all of which need appropriate investigation.

CONSIDERATIONS

- Include protein at each meal: meat, fish, eggs, dairy, beans, lentils, tofu.
- Ensure a balanced, varied diet overall.
- If albumin is low, discuss further tests with your GP to understand the cause.

Magnesium

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range. Note that serum magnesium is not a reliable indicator of intracellular stores. A normal result does not guarantee adequate tissue levels. If you are experiencing symptoms that may suggest low magnesium (cramps, poor sleep, anxiety), dietary focus is still worthwhile.

CONSIDERATIONS (CONTINUED)

- Note that blood magnesium may appear normal even when tissue stores are lower. This is a limitation of the test rather than a guarantee of adequacy.

WHAT IS MAGNESIUM AND WHY IT MATTERS

Magnesium is involved in over 300 enzymatic reactions in the body, including muscle relaxation, nerve function, energy production, bone mineralisation, and blood sugar regulation.

Important limitation: serum (blood) magnesium is a poor indicator of total body magnesium status. The body maintains serum magnesium at the expense of intracellular and tissue stores. Meaning a result in the expected range does not guarantee that cellular stores are adequate. Functional magnesium insufficiency can exist with a normal blood level. This reflects the fact that symptoms such as muscle cramps, poor sleep, anxiety, or restless legs may still be relevant even if this result looks normal.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Stress and poor diet can lower magnesium stores over time.

Magnesium supports bone mineralisation, sleep quality, and mood regulation, all areas that become more relevant during the menopause transition.

CONSIDERATIONS

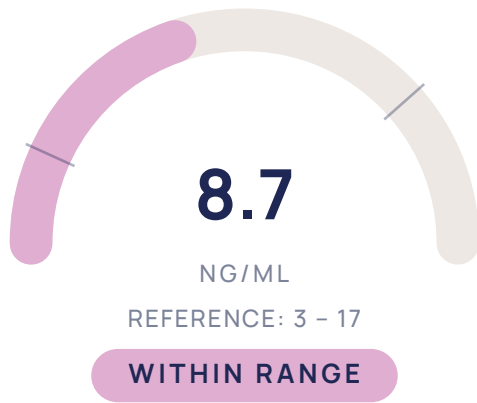
- Eat magnesium-rich foods: nuts, seeds (especially pumpkin), dark chocolate, whole grains, leafy greens, legumes.
- Prioritise rest and stress management, stress depletes magnesium.
- Magnesium is also needed to activate vitamin D, ensure adequate intake of both.

Retesting in six months shows whether this is stable or changing.

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Folate (Vitamin B9)

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range.
Adequate folate status.

WHAT IS FOLATE (VITAMIN B9) AND WHY IT MATTERS

Folate supports DNA synthesis, red blood cell formation, homocysteine metabolism, and mood regulation through its role in neurotransmitter production.

An important relationship with B12: folate and B12 work together in the methylation pathway. High folate intake (particularly from supplements) can mask B12 deficiency symptoms. The anaemia B12 deficiency causes may be corrected by folate, while neurological damage from B12 deficiency continues undetected. This is why both are included in this panel and is worth reviewing together.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Requirements remain steady throughout life.

Deficiency may occur with poor diet, excess alcohol, gut absorption issues, or certain medications (including methotrexate and some antiepileptics).

CONSIDERATIONS

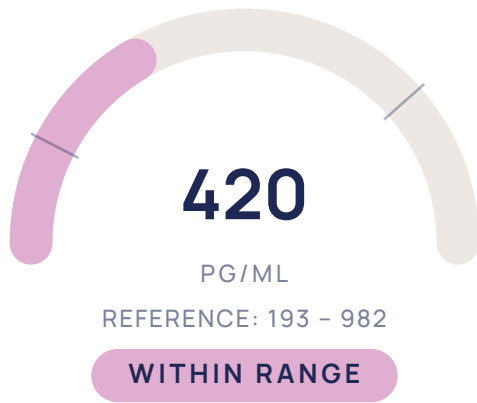
- Eat folate-rich foods: leafy greens (spinach, broccoli, kale), beans, lentils, asparagus, fortified cereals, and liver.
- Always review folate alongside B12, the two work together and a result in one should prompt checking the other.
- Alcohol significantly reduces folate absorption. Limit intake if folate is low.

Retesting in six months shows whether this is stable or changing.

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Vitamin B12

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range, consistent with adequate B12 status.

CONSIDERATIONS (CONTINUED)

- If you follow a vegan or predominantly plant-based diet, supplementation is essential as B12 is not reliably available from plant sources.
- If you take PPIs (proton pump inhibitors), metformin, or have a history of gut surgery, mention this to your GP, these significantly affect B12 absorption.

WHAT IS VITAMIN B12 AND WHY IT MATTERS

B12 supports nerve cell health, memory and cognitive function, mood regulation (through its role in producing serotonin and dopamine), red blood cell formation, and DNA synthesis.

B12 absorption is more complex than most vitamins: it requires a protein called intrinsic factor, produced by the stomach lining, to be absorbed in the small intestine. Absorption can be impaired by reduced stomach acid, which becomes more common with age, the use of proton pump inhibitors (PPIs), metformin, or conditions affecting the stomach lining, even when dietary intake is adequate. This is an important reason why B12 can decline with age independently of diet.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Absorption often falls with age due to reduced stomach acid production, regardless of dietary intake.

Low B12 can cause symptoms that closely mimic perimenopause: fatigue, brain fog, low mood, memory issues, tingling or numbness, making it particularly important to check in this age group.

The neurological effects of prolonged B12 deficiency can be slow to reverse, which makes earlier identification more valuable than waiting for overt anaemia.

CONSIDERATIONS

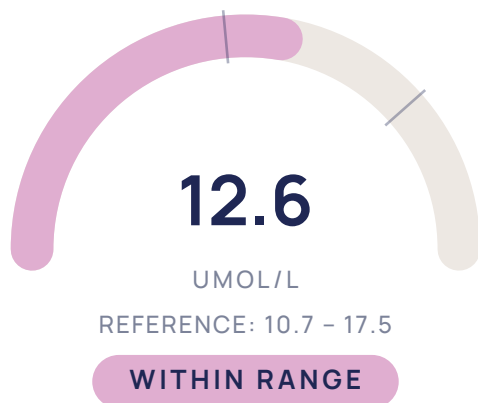
- Eat B12-rich foods: meat, fish, eggs, dairy, and fortified foods.

Retesting in six months shows whether this is stable or changing.

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Zinc

Tested 2 September 2026 · Single reference range applies to adult women



FOR DEMO

Your result is within the expected range, consistent with balanced zinc status.

WHAT IS ZINC AND WHY IT MATTERS

Zinc is vital for immune function, skin repair, wound healing, taste and smell, thyroid hormone metabolism, and reproductive health. It is also needed for the conversion of T₄ to active T₃.

WHAT HAPPENS IN PERIMENOPAUSE & MENOPAUSE

Zinc needs remain important for immune defence, thyroid function, and tissue repair throughout the menopause transition.

CONSIDERATIONS

- Eat zinc-rich foods: red meat, shellfish (especially oysters), seeds (pumpkin, hemp), beans, lentils, nuts, whole grains.
- Plant-based diets tend to provide zinc less effectively due to phytate content, variety and cooking methods (soaking, sprouting) help improve absorption.