

Pre-Consultation Lab Panel

Patient Guide | Detailed, Patient-Facing Comprehensive

Plain-Language Reference For The Labs And Tests Used To Plan Your Care

Evidence reviewed: 2026-Q2

How to Use This Guide

This is the comprehensive list of labs and tests I use to plan your care. The complete list is broad; you do not need every item before our first online consultation. Most patients arrive with some recent results in hand and I close the gaps over the first one to two online consultations. The Mandatory items below are the highest priority. Your primary care doctor or integrative medicine physician can typically order most of these.

Read this once now to get the full picture. Then use the checklist (Simplified version) for daily action: what to schedule, what to fast for, what to expect afterward.

How to Submit Your Inquiry and Labs

I am happy to receive any labs or clinical information you would like to share before we schedule an online consultation.

For the first contact, please either fill out the contact form at <https://infinityepigenetics.com/contact> or if that does not work email service@infinityepigenetics.com directly with a brief summary of your situation, your most relevant and recent labs, and your desired goals. I will review this initial summary to determine whether your case is within my scope and whether I may be able to work with you.

Consultation Tier and Review Process

If I determine that I can work with you, the next step is to select the appropriate consultation tier. Detailed review and analysis of labs, records, biomarkers, imaging, medical history, family history, medications, symptoms, diagnoses, and prior treatment responses is included within the paid consultation time. The amount of review time depends on the consultation tier selected and the complexity of the case.

I begin detailed review only after payment for the selected consultation tier is complete. Based on the complexity and scope of the information provided, I may recommend the consultation tier that is most appropriate for the level of clinical review required. The findings from this review inform the protocol or recommendations we discuss together during the online consultation.

After our first online consultation I will share a direct email address for further document exchange. The same process applies to future consultations and protocol modifications: new labs or updated clinical information are reviewed only after payment for the appropriate consultation tier, and those findings are used to guide the updates we review together during the consultation.

At the highest consultation tiers, additional advanced support options tailored to your clinical situation may be clarified and agreed upon during the consultation, including options that involve ongoing lab review.

Safety Callouts

Call 911 Right Away

Severe allergic reaction (throat swelling, difficulty breathing, fainting). Significant arm swelling, color change, or numbness after a draw (rare nerve or artery injury). Do not wait.

Contact Me Same Day

Persistent bleeding past 10 minutes despite pressure, significant bruising or swelling spreading from the draw site, fainting episode after the draw with delayed recovery, or any symptom you are unsure about.

Priority Labels

Priority	What This Means For You
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Mandatory	Highest priority. I use these to create your protocol. Bring whatever you have; I will fill in the gaps.
Important	Strongly recommended. I will likely add these as your protocol evolves.
Conditional	I may add these if your symptoms, history, or other lab results suggest they are needed.
Optional But High-Value	Worth considering for longevity-focused care, family history of disease, or comprehensive screening.
Optional	Useful in certain cases. I will guide you on whether these fit your goals.

Quick Checklist of the Most Important Items

- **Blood and Inflammation:** Complete Blood Count (CBC) with differential, Iron and Ferritin, ESR, ANA, hsCRP
- **Metabolic, Liver, Kidney, Lipid:** Comprehensive Metabolic Panel (CMP), Standard Lipid Panel, HbA1c, Uric Acid, Urinalysis
- **Coagulation Plus G6PD:** G6PD Enzyme (one-time), PT / PTT
- **Vitamins:** Vitamin D 25-OH, Vitamin B6, Vitamin B12, Folate
- **Hormones:** Pituitary Panel (LH, FSH, GH, ACTH, Prolactin, TSH, IGF-1), Adrenal Panel (AM Cortisol Plus 4-Point Salivary Diurnal, DHEA, DHEA-S), Sex Hormones (Progesterone, Estradiol, Testosterone Free Plus Total, SHBG), Thyroid (Free T3, Free T4)
- **Heart:** Electrocardiogram (ECG)

You do not need to memorize the rest. I will guide you to additional items as your care evolves.

Section 1: Blood and Inflammation Tests

These tell me about your red blood cells, white blood cells, platelets, iron stores, and overall inflammation.

Complete Blood Count (CBC) With Differential: **Mandatory**

What This Measures: Red blood cells, white blood cells, platelets, and the breakdown of white blood cell types. Core baseline that screens for anemia, infection patterns, and other blood-cell concerns.

Prep Required: None. No fasting needed. No medication hold needed unless your ordering provider specifies.

What to Expect After: Results typically post within 1 to 3 business days. I will review at our next consult and tell you whether anything needs follow-up. If a flag drives an urgent decision, I will reach out before the consult.

Related Tests: If your CBC suggests iron-related anemia, I may add Iron, Ferritin, and Transferrin Saturation. If it suggests a vitamin pattern, I may add B12, Folate, and Methylmalonic Acid (MMA).

Iron, Ferritin, ESR: **Mandatory**

What This Measures: Iron tells me about circulating iron. Ferritin tells me how much iron you have stored, which can affect energy, focus, and exercise capacity even when other blood numbers look normal. ESR is a simple inflammation marker.

Prep Required: Morning fasting draw preferred but not required. Hold iron supplements for 48 hours before draw if possible (clarifies the result).

What to Expect After: Results typically post within 1 to 3 business days. If ferritin is low, I will recommend a repletion plan tailored to your context.

Related Tests: If ferritin is high, I may add Transferrin Saturation to differentiate inflammation from iron overload (hemochromatosis). See Section 2 for hepatic enzymes if hepatic iron accumulation is suspected.

ANA, hsCRP: **Mandatory**

What This Measures: ANA screens for antibody patterns associated with autoimmune disease. hsCRP is a sensitive inflammation marker tied to cardiovascular risk.

Prep Required: None. No fasting required. Avoid intense exercise within 24 hours of draw (can transiently elevate hsCRP).

What to Expect After: Results in 3 to 5 business days. If ANA is positive at meaningful titer, I may add the extended rheumatologic panel.

Section 2: Metabolic, Liver, Kidney, Lipid, and Heart-Related Tests

These are the foundation of metabolic and cardiovascular health. Most are routine and your primary care doctor can order them; the cardiovascular extension panel is more specialized.

Comprehensive Metabolic Panel (CMP): Mandatory

What This Measures: Glucose, kidney function (BUN, creatinine, eGFR), liver enzymes (AST, ALT), electrolytes (sodium, potassium, chloride, CO₂, calcium), and total protein and albumin.

Prep Required: Morning fasting draw (8 to 12 hours water only) gives the cleanest glucose result. Hold no medications unless instructed.

What to Expect After: Results typically post within 1 to 3 business days. I will flag anything outside the reference range and discuss what it means at our consultation.

Related Tests: If kidney function looks borderline I may add Cystatin C. If liver enzymes are elevated I may add GGT and a hepatic ultrasound recommendation.

Standard Lipid Panel: Mandatory

What This Measures: Total cholesterol, LDL (low-density lipoprotein), HDL (high-density lipoprotein), and triglycerides.

Prep Required: 12-hour fasting draw (water only) for the most accurate triglycerides and calculated LDL.

What to Expect After: Results post within 1 to 3 business days. Standard cholesterol is the starting point; I almost always pair it with the advanced panel below for a fuller picture.

Related Tests: ApoB, Lp(a), and NMR LipoProfile particle numbers (Important tier below) refine the cardiovascular risk picture beyond the standard cholesterol panel.

HbA1c, Uric Acid: Mandatory

What This Measures: HbA1c is your three-month average blood sugar, much more informative than a single fasting glucose. Uric acid is tied to gout, kidney stones, metabolic syndrome, and cardiovascular risk.

Prep Required: HbA1c does not require fasting. Uric acid is best drawn in the morning before substantial protein intake.

What to Expect After: Results within 1 to 3 business days. If HbA1c is in the prediabetic range I may add fasting insulin and OmegaCheck (Conditional tier).

Related Tests: If uric acid is elevated, I may evaluate purine intake and renal handling. If A1c trends up I may pair with a 2-week CGM (Section 16).

Urinalysis: **Mandatory**

What This Measures: Protein in urine (kidney concern), blood in urine (urinary tract concern), glucose in urine (uncontrolled diabetes), and infection markers.

Prep Required: Clean-catch midstream sample. Avoid menstrual contamination if possible; otherwise note timing on the requisition.

What to Expect After: Results within 1 to 2 business days. Persistent protein triggers a kidney workup (Cystatin C, microalbumin to creatinine ratio, possibly nephrology referral).

Related Tests: If urine shows blood without infection, I may add imaging or refer to urology. If glucose is positive, this confirms a glycemic concern that needs paired evaluation.

ApoB, Lp(a), NMR LipoProfile Particle Numbers: **Important**

What This Measures: ApoB counts atherogenic particles directly. Lp(a) is a genetically inherited cardiovascular risk marker. NMR LipoProfile counts the actual number and size of LDL particles. Together they give a much more accurate cardiovascular risk picture than the standard panel alone.

Prep Required: 12-hour fasting draw (water only). Lp(a) is largely genetic and is a one-time test in most cases; ApoB and NMR particle numbers are useful to repeat as you adjust diet and medication.

What to Expect After: Results within 3 to 5 business days. If Lp(a) is elevated I may emphasize aggressive cardiovascular prevention; standard Lp(a) lowering pharmacology is limited but emerging.

Related Tests: If ApoB is high alongside elevated hsCRP (Section 1), I may add the Cardiovascular Extension panel (next entry). CAC score (Section 12) is often the next imaging step.

Cystatin C, Homocysteine, Fasting Insulin, OmegaCheck: Conditional

What This Measures: Cystatin C refines kidney function when standard creatinine is unreliable (very high or very low muscle mass, age extremes). Homocysteine reflects methylation status and cardiovascular risk. Fasting insulin reveals insulin resistance before fasting glucose changes. OmegaCheck quantifies omega-3 status.

Prep Required: Fasting insulin and homocysteine require a 12-hour fast. Cystatin C and OmegaCheck do not require fasting.

When I Add These: Cystatin C if your standard kidney numbers do not match your clinical picture. Homocysteine if methylation concerns surface (high B12, low folate, MTHFR genetic risk). Fasting insulin if you have weight, energy, or PCOS concerns. OmegaCheck if you eat little fish or want quantified omega-3 status.

Related Tests: Homocysteine pairs with MMA (Section 4) for full functional B12 and methylation evaluation. High fasting insulin pairs with a 2-week CGM (Section 16).

Cardiovascular Extension Panel: Conditional

What This Measures: MI-Heart Ceramide Risk Score, Cardio IQ Myeloperoxidase (MPO), Lp-PLA2 (PLAC Test), TMAO (gut-derived cardiovascular risk marker), Cardio IQ Fibrinogen, and Oxidized LDL (in select cases). Each captures a different layer of the inflammatory and metabolic process driving plaque.

Prep Required: 12-hour fasting draw. Some of these are best ordered through Quest Cardio IQ which bundles them on a single requisition.

When I Add These: Intermediate-to-high cardiovascular risk on the standard panel, family history of premature coronary artery disease, or a CAC score that warrants deeper investigation. I do not order all six on every patient.

Related Tests: Pairs with Coronary Artery Calcium (CAC) Score and Coronary CT Angiography in Section 12 for a full cardiovascular evaluation.

Section 3: Coagulation and Red-Blood-Cell Enzyme Tests

Two foundational tests that screen for inherited and acquired clotting and red-blood-cell concerns. Both are quick draws and inexpensive.

G6PD Enzyme: Mandatory

What This Measures: Glucose-6-Phosphate Dehydrogenase enzyme activity. G6PD deficiency is a common inherited red-blood-cell condition that affects which medications and supplements are safe for you. Higher prevalence in Mediterranean, African, and Southeast Asian ancestry.

Prep Required: None. No fasting required.

When to Test: One-time test in most cases. The result does not change over your lifetime. If you have a strong family history of G6PD deficiency or hemolytic episodes, I will confirm before recommending oxidative-stress-related supplements (high-dose vitamin C, methylene blue, certain antimalarials).

Related Tests: If G6PD is positive, I will avoid supplements and medications known to trigger hemolysis. CBC and reticulocyte count (Section 1) are useful if hemolysis is suspected clinically.

PT/PTT: Mandatory

What This Measures: Prothrombin Time (PT) and Partial Thromboplastin Time (PTT) are the two standard clotting tests. They screen for both inherited and acquired bleeding or clotting concerns.

Prep Required: None. No fasting required. Tell me if you are taking anticoagulants (warfarin, rivaroxaban, apixaban, dabigatran) or significant aspirin or NSAID doses; these affect interpretation.

When to Test: Useful baseline before any intervention that could affect bleeding (peptide injections, IV therapy, surgical procedures). Also useful in liver-disease workup since the liver makes most clotting factors.

Related Tests: If PT or PTT are abnormal I may add specific factor assays, fibrinogen, and a hematology consultation. Pair with platelet count from CBC (Section 1).

Section 4: Vitamins

Vitamins drive energy, methylation, immune function, mood, and bone health. Some vitamins are measured in two layers: serum (recent intake) and red blood cell (longer-term, since red blood cells live about 120 days). When chronic deficiency is suspected, I may order both layers.

Vitamin D 25-OH: Mandatory

What This Measures: Your stored vitamin D level, reflecting sunlight exposure plus dietary or supplemental intake over the past 2 to 3 weeks.

Prep Required: None. No fasting required. Take supplements as usual; I want to see your real status.

Optimal Range: 30 to 100 ng / mL is sufficient. Optimal range for most patients is 40 to 70 ng / mL based on observational outcome data.

Related Tests: Pair with Calcium and PTH (hormone section) if vitamin D is markedly abnormal. Magnesium, Zinc are cofactors in vitamin D metabolism (Section 7).

Vitamin B6, B12, Folate: **Mandatory**

What This Measures: Three core B vitamins critical for methylation, neurotransmitter synthesis, red blood cell production, and energy metabolism.

Prep Required: Morning draw preferred. Hold B-vitamin supplementation for 24 hours before draw (results reflect cumulative status, not last dose). If you are taking methylated forms (Methylfolate, Methylcobalamin), tell me so I can interpret correctly.

Related Tests: If B12 is high alongside high homocysteine, I may add Methylmalonic Acid (MMA) to assess functional B12 deficiency at the cellular level. MTHFR genetic panel may also be appropriate.

Plasma Versus Red Blood Cell Layer Note

For Magnesium, Zinc, Selenium, Copper, and certain B vitamins, I may check both serum and red blood cell levels. Serum reflects recent intake. Red blood cell level reflects long-term intracellular stores. Both layers tell different stories and are sometimes both useful, especially when your symptoms persist despite normal serum values.

Section 5: Hormones

Hormones shift with the time of day, your menstrual cycle, medications, and recent illness. For accurate results, draw timing matters. Note the date and time of your draw, your cycle day if applicable, and any hormone medications or supplements you are taking.

Adrenal Axis, Morning Cortisol Plus 4-Point Salivary Diurnal: **Mandatory**

What This Measures: Morning blood cortisol captures the peak of your daily cortisol rhythm. The 4-point salivary cortisol curve over 24 hours captures the rhythm shape (the rise and fall through the day), which is much more informative than a single draw.

Prep Required: Morning blood draw must happen between 6 AM and 9 AM (outside this window the result is uninterpretable). For salivary 4-point: collect at waking (within 30 minutes of getting up), 12 PM, 5 PM, and bedtime (within 30 minutes of going to sleep). Do not eat, drink anything other than water, brush teeth, or chew gum within 30 minutes of each saliva collection.

What to Expect After: Salivary results take 7 to 10 business days. I will review the rhythm shape at our next consult and tell you whether your HPA axis (hypothalamus-pituitary-adrenal) needs support.

Related Tests: Paired with ACTH, DHEA, and DHEA-S for full adrenal axis. If pattern suggests pituitary issue, I may add prolactin, IGF-1, and a pituitary MRI.

Sex Hormones: **Mandatory**

What This Measures: Progesterone, Estradiol, Testosterone (Free and Total), and Sex Hormone-Binding Globulin (SHBG).

Prep Required: Morning fasting draw preferred. For menstruating patients, I may specify which cycle day to test (typically Day 3 for FSH/LH/Estradiol, Day 21 for Progesterone). Note your cycle day on the requisition. Hold any hormone supplements 24 to 48 hours before draw unless we have agreed otherwise.

Section 6: Heavy Metals

Heavy metals can accumulate from environmental, occupational, dietary, or dental sources. Blood, urine, and hair tests are not interchangeable and tell different stories about exposure timing.

Heavy Metals: Lead, Mercury, Arsenic, Cadmium: **Important**

What This Measures: The four most common environmental heavy metals. Blood reflects recent exposure (last weeks to months). Urine reflects recent renal clearance and is the standard for arsenic. Hair gives a longer time window (last few months) but is interpretation-sensitive.

Prep Required: Avoid seafood for 48 to 72 hours before mercury testing (recent fish meal can spike blood mercury without indicating long-term burden). For arsenic urine, avoid seafood for 72 hours and provide a clean midstream specimen.

When I Add These: If you have known exposure (older home with lead paint, well water, occupational metalwork, certain dental amalgams, frequent fish consumption, certain supplements), unexplained chronic fatigue, neurologic symptoms, or autoimmune patterns suggestive of metal triggers.

Related Tests: If a chelation challenge is being considered (provoked urine), the protocol must be carefully selected; I will guide you through the correct specimen for your situation. Pair with Trace Minerals (Section 7) since some metals compete with essential minerals at the cellular level.

Section 7: Trace Minerals

Trace minerals are essential cofactors for hundreds of enzymes. Standard testing is in serum or plasma; in some cases I may add a red-blood-cell version of the same test for a longer-term picture (see Section 4 callout for the difference).

Trace Minerals: Zinc, Selenium, Copper: Important

What This Measures: Zinc is critical for immune function, wound healing, taste perception, and testosterone synthesis. Selenium supports thyroid hormone activation and antioxidant defense. Copper balances zinc and supports connective tissue and neurotransmitters.

Prep Required: Morning fasting draw preferred. Hold zinc, selenium, and copper supplements for 24 to 48 hours before draw to reflect baseline status. Tell me if you take a multivitamin daily so I can interpret accordingly.

What to Expect After: Results within 3 to 5 business days. The zinc-to-copper ratio is often more informative than either value alone; I will compute it from your panel.

Related Tests: If chronic deficiency is suspected despite normal serum, I may add the red-blood-cell layer or SpectraCell intracellular panel (Section 4 Optional). Pair with hormones (Section 5) since zinc deficiency commonly suppresses testosterone.

Section 8: Viral Antibodies

Common chronic viruses can quietly burden the immune system, especially in fatigue, autoimmune, or chronic-infection workups. The antibody pattern tells me whether the infection is recent, reactivated, or longstanding.

Viral Antibodies: HSV, EBV, CMV: Important

What This Measures: Herpes Simplex Virus (HSV-1 and HSV-2), Epstein-Barr Virus (EBV), and Cytomegalovirus (CMV) antibody panels. Each antibody class (IgG, IgM, EA, EBNA) tells a different story about active versus past infection.

Prep Required: None. No fasting required.

What to Expect After: Results within 3 to 7 business days. The interpretation is pattern-based, not a single number; I will walk you through what your specific antibody profile means.

Related Tests: If reactivation pattern is concerning I may add NK cell function or Lymphocyte Subset Map (Section 13). Pair with hsCRP and IL-6 (Section 1 and Important tier) if chronic inflammation is suspected.

Section 9: Cancer Screening Tests

Cancer markers are screening tools, not standalone diagnoses. I interpret them in the context of your personal history, family risk, age, sex, and any imaging findings. An abnormal marker prompts evaluation, not conclusion.

PSA (Prostate-Specific Antigen, Men): Important

What This Measures: Prostate-Specific Antigen, a protein produced by prostate tissue. Elevated PSA can reflect benign prostatic hyperplasia, prostatitis, recent ejaculation or prostate manipulation, or prostate cancer.

Prep Required: Avoid ejaculation, prostate exam, prostate manipulation, vigorous bicycle riding, and ejaculatory activity for 48 hours before draw. These can transiently elevate PSA and confound interpretation.

What to Expect After: Results within 1 to 3 business days. PSA velocity (rate of change over time) is often more informative than a single value; I will track yours longitudinally.

Related Tests: If PSA is rising or elevated I may recommend a urology referral, free PSA percentage, or 4Kscore. Multi-parametric prostate MRI is the modern next imaging step in many cases.

Stool for Occult Blood (FOBT or FIT): Important

What This Measures: Hidden blood in stool that is not visible to the eye. The FIT (Fecal Immunochemical Test) is more specific to lower-GI bleeding than the older FOBT. Both screen for colorectal cancer and significant polyps.

Prep Required: No dietary restrictions for FIT. Avoid testing during menstruation or active hemorrhoid bleeding, which can produce false positives. Follow the kit's specific stool-collection instructions.

What to Expect After: Results within 1 to 3 business days. A positive result requires colonoscopy follow-up for direct visualization.

Related Tests: Colonoscopy is the gold-standard screen and starts at age 45 (sooner if family history). Cologuard is an alternative DNA-based stool screen. Galleri (Section 10) screens for over 50 cancer types from blood.

Cancer Markers: CA 19-9, CA 125, AFP: Important

What This Measures: CA 19-9 is associated with pancreatic and biliary tract cancers. CA 125 is associated with ovarian and other gynecologic cancers. AFP (alpha-fetoprotein) is associated with liver and germ-cell cancers and is also useful in pregnancy and chronic liver disease monitoring.

Prep Required: None. Note any recent illness, pregnancy, or chronic inflammation; all can transiently elevate these markers.

What I Order: Selected by sex, anatomy, history, or my recommendation. I do not order all three on every patient. CA 125 in women, CA 19-9 if there is a pancreatic concern or family history, AFP in chronic liver disease or pregnancy monitoring.

Related Tests: Galleri (Section 10) is a much broader multi-cancer screen. Natera Signatera (Conditional) is a personalized post-cancer monitoring tool, not a screening tool.

Natera Signatera ctDNA: Conditional

What This Measures: Personalized circulating tumor DNA (ctDNA) test that tracks the specific genetic signature of your tumor (if you have or had cancer) for minimal residual disease (MRD) monitoring after treatment.

Prep Required: Tumor tissue (from your prior biopsy or surgery) is required to build the personalized assay. Your oncology team coordinates the tissue submission. Subsequent monitoring draws are simple blood tests.

When I Add This: Only used if you have a personal history of certain solid tumors and your oncology team is monitoring for recurrence. This is not a screening test; it is a monitoring tool for known cancer.

Related Tests: Coordinated with your oncology team rather than ordered as a standalone. Cancer markers in the Important tier above are different (general circulating proteins, not personalized DNA).

Section 10: Advanced Longevity and Early-Detection Screening

These tests are worth considering for comprehensive screening, longevity-focused care, family history of disease, or asymptomatic early detection. Most are not covered by standard insurance and are out-of-pocket.

Galleri Multi-Cancer Early Detection Blood Test: Optional But High-Value

What This Measures: A single blood test screening for over 50 cancer types by detecting cell-free DNA fragmentation patterns characteristic of cancer. Made by GRAIL.

Prep Required: Standard blood draw. No fasting required. Avoid testing during pregnancy or active illness; both can affect results.

What to Expect After: Results within 2 to 3 weeks. A positive result includes a tissue-of-origin signal that helps direct the diagnostic workup. Most positives in screening populations are followed up with imaging or biopsy.

Related Tests: Especially relevant with family history of cancer or for asymptomatic adults over 50. Complements (does not replace) age-appropriate screenings (mammogram, colonoscopy, PSA, skin exam).

TruAge COMPLETE Epigenetic Age Clock: Optional But High-Value

What This Measures: Biological age and rate of aging from a blood sample, measured via DNA methylation patterns. TruDiagnostic uses validated clocks (DunedinPACE,OMICmAge) that estimate how fast you are aging compared to chronological age.

Prep Required: Standard blood draw. No fasting required. Avoid testing during acute illness or pregnancy, which can transiently shift the result.

What to Expect After: Results within 4 to 6 weeks. The most useful interpretation is longitudinal: testing once gives a snapshot, repeating annually shows whether your interventions are slowing biological aging.

Related Tests: GlycanAge below provides an alternative aging-rate estimate from a different biological substrate (IgG glycomics). Different methylation clocks weight different things and give complementary perspectives.

Whole-Body MRI: Optional But High-Value

What This Measures: A comprehensive imaging scan from neck to pelvis (some include head and full extremities) without ionizing radiation. Screens for tumors, aneurysms, organ abnormalities, and other anatomic concerns.

Prep Required: Safety screening required: no implants that are MRI-incompatible (some pacemakers, certain older surgical clips, retained metal). Pregnancy is generally a contraindication. The scan itself takes 30 to 60 minutes; you must lie still in a tube.

What to Expect After: Reading and report within 1 to 2 weeks for Prenuvo or Ezra; longer for academic radiology. Incidental findings are common and are evaluated by tumor board or my clinical judgment.

Related Tests: Vendors like Prenuvo and Ezra are designed for the asymptomatic-screening market. Symptomatic indications usually go through traditional radiology.

DEXA Scan: Optional But High-Value

What This Measures: Dual-energy X-ray absorptiometry. Two clinical uses: bone density (osteopenia and osteoporosis screening) and body composition (lean mass, fat mass, visceral fat, segmental analysis).

Prep Required: No fasting required. Avoid the scan within 7 to 10 days of a barium contrast study or radioactive tracer (interferes with the X-ray). Wear clothing without metal.

What to Expect After: Results immediately or within 1 to 2 days. Body composition data is most useful longitudinally; repeat annually to track lean mass and visceral fat changes.

Related Tests: BodySpec and DexaFit are body-composition-focused vendors. Hospital DEXA is the standard for bone-density indications. CAC score (Section 12) is a different scan with different purpose.

GlycanAge: Optional But High-Value

What This Measures: Biological age estimate from IgG glycomic patterns (the sugar molecules attached to your antibodies). Different biological substrate than methylation clocks.

Prep Required: Standard blood draw or fingerstick (vendor offers at-home option). No fasting required.

When to Add This: Useful as an additional biological-age marker, especially when paired with TruAge for cross-validation. Less broadly validated than methylation clocks but captures a distinct biology.

Related Tests: TruAge COMPLETE above is the methylation-clock counterpart; the two together give a more complete aging picture than either alone.

Section 11: Genetics

Genomic analysis informs your protocol by revealing inherited predispositions in metabolism, methylation, hormone handling, neurotransmitters, detoxification, and disease risk. The data is one-time (your genome does not change) but the interpretive reports can be re-run as new science emerges.

SelfDecode Genomic Analysis: Optional But High-Value

What This Measures: Personalized reports on longevity, methylation (MTHFR, COMT, MAO-A), hormone metabolism, neurotransmitters, detoxification pathways, and disease-risk pathways. SelfDecode accepts raw data uploads from 23andMe or AncestryDNA, or sells their own panel.

Prep Required: If you already have 23andMe or AncestryDNA raw data, upload it directly to SelfDecode. Otherwise order their saliva kit; results take 4 to 6 weeks.

What to Expect After: Reports are available immediately upon upload (existing data) or within 4 to 6 weeks (new kit). I will recommend which specific reports are most useful for your protocol.

Related Tests: Methylation genetics pair with homocysteine and MMA (Section 2 and 4). Detoxification genetics pair with environmental toxins (Section 14). Hormone-metabolism genetics pair with sex hormones (Section 5).

Section 12: Heart and Functional Capacity

Cardiac and functional-capacity tests range from the universally recommended (ECG) to specialized (CCTA with AI plaque analysis). The ECG is a baseline I want on every patient before recommending peptides or other modalities that could affect cardiac rhythm.

Electrocardiogram (ECG): **Mandatory**

What This Measures: Standard 12-lead heart rhythm and conduction baseline. Screens for arrhythmias, conduction abnormalities, signs of prior heart attack, and structural concerns.

Prep Required: None. Wear clothing that allows chest access (the technician places electrodes on chest, arms, and legs). No fasting required.

Where to Get It: Usually obtained through your primary care or cardiology office. Some integrative clinics also offer it. Telehealth ECG via wearables (Apple Watch, KardiaMobile) is supplementary, not a replacement, for a clinical 12-lead.

Related Tests: If ECG suggests rhythm concerns I may add ambulatory monitoring (Holter or 14-day patch). If ECG suggests conduction or structural concerns I may recommend echocardiogram.

Coronary Artery Calcium (CAC) Score: **Optional But High-Value**

What This Measures: A specialized cardiac CT that measures calcium deposits in your coronary arteries. The calcium score (Agatston score) is one of the strongest long-term cardiovascular risk predictors available.

Prep Required: Low-dose CT scan. Pregnancy is a contraindication. Avoid caffeine the morning of the scan if a heart-rate-controlled CT is being done. The scan takes about 10 minutes.

What to Expect After: Result is a numeric score (0 means no calcium, higher numbers mean more calcium). I use it to decide how aggressively to manage cardiovascular risk and whether to escalate to CCTA.

Related Tests: Pairs naturally with ApoB, Lp(a), and the Cardiovascular Extension panel (Section 2). Score above 100 in a younger patient often warrants CCTA below.

Coronary CT Angiography (CCTA) With AI Plaque Analysis: Optional But High-Value

What This Measures: A more detailed cardiac CT that visualizes coronary arteries directly using IV contrast and characterizes the type and severity of plaque. AI-driven platforms (HeartFlow, Cleerly) extract additional plaque-volume and plaque-type metrics that traditional CCTA misses.

Prep Required: IV contrast (rule out kidney disease and contrast allergy first). Heart-rate control with beta-blocker may be needed; avoid caffeine. Pregnancy is a contraindication. The scan takes about 30 minutes.

When I Order This: When symptoms or risk profile warrant deeper assessment than CAC score alone, when CAC is high in a younger patient, or when I am deciding about more aggressive prevention.

Related Tests: Direct extension of CAC above. Cardiovascular Extension panel (Section 2) provides the bloodwork side of the same risk evaluation.

VO2 Max Testing: Optional

What This Measures: Cardiopulmonary capacity measured during graded exercise (treadmill or bike). VO2 max correlates strongly with longevity and is a measured-not-estimated number unlike wearable estimates.

Prep Required: Wear exercise clothing and shoes. Eat a normal small meal 2 to 3 hours before. Avoid heavy training the day before. Plan for 30 to 60 minutes at the testing facility.

When to Add This: Especially valuable for athletes, fitness-focused care, longevity-focused care, or post-cardiac-event rehabilitation. Less informative for sedentary patients than basic fitness screening.

Related Tests: Pair with DEXA body composition (Section 10) for full performance baseline. Resting heart rate variability (HRV) from a wearable complements but does not replace VO2 max.

Section 13: Advanced Immune Testing

These tests evaluate immune system structure and function in detail, used when there is a specific immune concern that the standard panels (Section 1, Section 8) have not resolved.

Lymphocyte Subset Map (Cyrex): Conditional

What This Measures: Detailed immunophenotyping of your white blood cells: T-cell subsets (CD4, CD8, regulatory T cells), B-cells, natural killer (NK) cells, and ratios. Tells me which arm of the immune system is suppressed or overactivated.

Prep Required: Standard blood draw, morning preferred. Avoid testing during acute infection (skews the result toward whatever the immune system is currently fighting). Tell me about any recent vaccinations or immunosuppressants.

When I Add This: Post-cellular cancer therapy monitoring, chronic viral reactivation evaluation, autoimmune evaluation, suspected immunodeficiency, or unexplained chronic infections.

Related Tests: Pairs with viral antibodies (Section 8) for chronic-virus workup. Pairs with hsCRP, IL-6, and ANA (Section 1 and Important) for autoimmune workup. Specific test specimen sent to Cyrex Laboratories.

Section 14: Environmental and Gut Health

These tests are added when your history or symptoms suggest mold exposure, chronic gut symptoms, food sensitivities, environmental toxin burden, or parasitic concerns. Many of these are specialty-lab tests not available through standard clinical networks.

Mycotoxin Urine Screen: Important

What This Measures: Mold metabolite (mycotoxin) levels in urine. Detects current and recent exposure to molds commonly found in water-damaged buildings (*Aspergillus*, *Penicillium*, *Stachybotrys*, *Fusarium*).

Prep Required: First-morning urine collection following the kit's specific instructions. Avoid mushrooms and certain cheeses for 48 hours before collection (can produce false positives for some metabolites).

What to Expect After: Results within 2 to 4 weeks. RealTime Labs provides interpretive context. Positive results often warrant remediation of the suspected exposure source plus binder protocols.

Related Tests: Pairs with Environmental Toxins Panel below for full environmental burden picture. Suspected mold-driven illness often co-occurs with chronic-fatigue and autoimmune patterns.

Environmental Toxins Panel (PFAS, BPA, Phthalates, Glyphosate, VOCs): Conditional

What This Measures: PFAS (forever chemicals from non-stick cookware and water contamination), BPA (plastic-derived endocrine disruptor), phthalates (plasticizers in personal care products), glyphosate (herbicide residue), and volatile organic compounds (VOCs).

Prep Required: First-morning urine specimen following Vibrant Wellness collection instructions. Some metabolites have specific dietary or supplement holds; the kit specifies.

When I Add This: Chronic hormonal or immune symptoms with possible environmental exposure history (occupational, residential, dietary). Endocrine-disrupting concerns. Resistance to standard hormone interventions.

Related Tests: Pairs with hormones (Section 5), heavy metals (Section 6), and detoxification genetics (Section 11). Often informs binder, sauna, and avoidance recommendations.

KBMO FIT 176 Food Sensitivity Test: Important

What This Measures: IgG and immune-complex reactivity to 176 foods. Identifies delayed food sensitivities that contribute to chronic gut, skin, joint, and inflammation symptoms. Different from IgE allergy testing (which is acute and life-threatening reactions).

Prep Required: Standard blood draw. Eat your normal varied diet for at least 4 weeks before the test (foods you have not eaten recently will not show up). Avoid testing during acute illness or steroid courses.

What to Expect After: Results within 2 to 3 weeks. I use the highest-reactivity foods to design a 4 to 6 week elimination, followed by structured reintroduction to identify your specific triggers.

Related Tests: Pairs with Cyrex Array 2 leaky-gut screen (Conditional) and Comprehensive Stool Panel (Conditional) for full gut workup. Sensitivities often resolve with gut healing.

Cyrex Array 2 Leaky Gut Screen: Conditional

What This Measures: Antibodies to actomyosin, occludin/zonulin, and lipopolysaccharide (LPS). These markers tell me whether your intestinal barrier is leaking and triggering systemic immune reactions.

Prep Required: Standard blood draw. Avoid testing during acute illness. Hold immunosuppressants and high-dose steroids only with prescriber guidance.

When I Add This: When food sensitivities, autoimmune patterns, and chronic GI symptoms suggest the intestinal barrier is involved. Useful to monitor before and after gut-repair protocols.

Related Tests: Pairs with KBMO food sensitivity above and Comprehensive Stool Panel below. Combined picture is much more actionable than any single test.

Stool for Ova and Parasites: Important

What This Measures: Standard parasitology baseline screening for common intestinal parasites and their eggs (ova). Conventional first-line test for parasitic concerns.

Prep Required: Stool collection per Quest or Labcorp instructions. Multiple specimens (usually 3, collected on different days) increase sensitivity.

What to Expect After: Results within 3 to 7 business days. Negative does not fully exclude parasitic infection if clinical suspicion is high; PCR-based stool panels (GI-MAP below) are more sensitive.

Related Tests: If clinical suspicion is high but ova-and-parasites is negative, the GI-MAP (Conditional below) is the next step. Pair with eosinophil count from CBC (Section 1) which sometimes elevates in parasitic infection.

Comprehensive Stool Panel (GI-MAP or Vibrant Wellness Gut Zoomer): Conditional

What This Measures: PCR-based identification of gut bacteria (commensal and pathogenic), yeast and fungi (including Candida), parasites, and gut-immune markers (secretory IgA, calprotectin, zonulin). Much more comprehensive than standard ova-and-parasites.

Prep Required: Stool collection per the kit instructions. Hold antibiotics, antifungals, and probiotics for 2 weeks before collection if your prescriber agrees (otherwise, note them on the requisition for interpretation).

What to Expect After: Results within 2 to 3 weeks. Detailed interpretation guides personalized antimicrobial, probiotic, and gut-repair protocols.

Related Tests: Best paired with KBMO food sensitivity, Cyrex Array 2 leaky gut, and Organic Acids Test below for complete functional gut and metabolic picture.

Organic Acids Test (OAT) or Metabolomix+: Conditional

What This Measures: Urine-based metabolic panel that identifies microbial overgrowth markers, mitochondrial energy-pathway markers, neurotransmitter metabolites, methylation markers, and B-vitamin functional needs. Mosaic Diagnostics OAT and Genova Metabolomix+ are the two main options.

Prep Required: First-morning urine specimen. Avoid certain foods (apples, grapes, pears, cranberries, and their juices) for 48 hours before collection (interferes with specific metabolite measurements). Hold high-dose B vitamins for 24 hours.

What to Expect After: Results within 2 to 4 weeks. Detailed interpretation with personalized supplementation recommendations.

Related Tests: Pairs naturally with Comprehensive Stool Panel above (gut microbe overlap), genetics (Section 11) for methylation, and homocysteine and MMA (Section 2 and 4) for B-vitamin status.

Section 15: Sleep

Sleep quality and breathing during sleep underpin almost every other system. An undiagnosed sleep disorder can mimic or worsen fatigue, metabolic, cardiovascular, cognitive, and hormonal concerns.

WatchPAT Home Sleep Apnea Test: Conditional

What This Measures: FDA-cleared at-home sleep apnea test that measures peripheral arterial tone, oxygen saturation, heart rate, snoring, body position, and sleep stages. Detects obstructive sleep apnea (OSA) accurately for most patients.

Prep Required: The device is worn on the finger and wrist for one full night of sleep. Avoid alcohol the night of testing (can mask or worsen apnea). Follow the kit's specific instructions.

When I Add This: Unexplained fatigue, daytime sleepiness, snoring (especially with witnessed apneic episodes), cardiovascular risk, metabolic syndrome, atrial fibrillation, treatment-resistant hypertension, or cognitive complaints.

Related Tests: If WatchPAT confirms apnea, the next step is usually a sleep medicine consultation for CPAP titration (in-lab polysomnography) or alternative therapy (mandibular advancement device, positional therapy, weight loss). Pair with CBC and ferritin (Section 1) since iron deficiency can drive restless legs and disrupted sleep.

Section 16: Continuous Glucose Monitoring

A continuous glucose monitor (CGM) shows your blood sugar throughout the day and overnight, capturing variability, post-meal responses, and overnight patterns that a single A1c cannot show. This is more of a wearable data stream than a single lab test.

Continuous Glucose Monitor (2-Week Wear): Optional But High-Value

What This Measures: Interstitial glucose every 1 to 5 minutes for 14 days. Reveals post-meal glucose spikes, dawn-phenomenon overnight elevations, glucose variability, and hypoglycemic episodes. Devices include Dexcom Stelo, Abbott Lingo (both available over-the-counter), Levels, Nutrisense, and Signos.

Prep Required: Apply the sensor on the back of the upper arm following kit instructions. Most devices last 14 days. Pair with the smartphone app to view real-time data.

What to Expect After: Daily and weekly summaries available in the app. Most useful is a structured review of the full 14 days at our consultation: which meals spike you, what overnight glucose looks like, how exercise and sleep modulate the curve.

When to Wear: Ideally in the 6 months before our online consultation so we can review real data. Useful any time A1c is elevated, prediabetic, or you have weight, energy, or PCOS concerns. Repeat annually or after major dietary changes.

Related Tests: A1c (Section 2) gives the average; CGM gives the curve. Fasting insulin (Section 2 Conditional) gives the insulin-resistance dimension. Together they paint the full glycemic picture.

Section 17: How Recent Should Results Be

If a result is older than the window for an item that informs an active protocol decision, I may ask you to repeat it.

Test Category	Freshness Window
Hormones, Inflammation, Thyroid	Within the last 3 months
CBC, CMP, Vitamins, Lipids	Within the last 6 months
HbA1c	6 months acceptable when stable; 3 months preferred during active metabolic work
Heavy Metals, Mycotoxins, Environmental Tests, Viral Titers, Cancer Markers, Gut Tests	Within the last 12 months
Whole-Body MRI	Within the last 12 to 24 months unless your physician recommends sooner
ECG	As recently as needed for your current symptoms, medications, and protocol safety

DEXA Scan	Within the last 12 to 24 months for bone density and body composition
Genetics (SelfDecode, Raw DNA)	One-time and re-runnable as new reports become available
Lp(a)	One-time and rarely needs repeating

Priority Tables

Each table groups tests by priority tier with a brief plain-language description and a best-fit order link. Click any link to open the lab vendor's site.

Mandatory

Test Group	Description	Order Link
Complete Blood Count (CBC) With Differential	Red blood cells, white blood cells, platelets; baseline screen for anemia, infection patterns, blood-cell concerns	Order at Quest
Iron, Ferritin, ESR	Iron status plus general inflammation marker; ferritin shows your iron stores	Order at Quest
ANA, hsCRP	Autoimmune screen plus sensitive cardiovascular inflammation marker	Order at Quest
Comprehensive Metabolic Panel (CMP)	Glucose, kidney function, liver enzymes, electrolytes, protein	Order at Quest
Standard Lipid Panel	Cholesterol, HDL, LDL, triglycerides	Order at Quest
HbA1c, Uric Acid	Three-month average blood sugar plus gout and metabolic syndrome marker	Order at Quest
Urinalysis	Proteinuria, hematuria, glycosuria, infection screen	Order at Quest

G6PD, PT/PTT	G6PD enzyme one-time test plus standard clotting baseline	Order at Quest
Vitamin D 25-OH, B6, B12, Folate	Core vitamin baseline for energy, methylation, bone, and immune function	Order at Quest
Pituitary Panel: LH, FSH, GH, ACTH, Prolactin, TSH, IGF-1	Master endocrine signaling axis	Order at Quest
Adrenal Panel: AM Cortisol Plus 4-Point Salivary Diurnal, DHEA, DHEA-S	Morning serum cortisol via Quest; salivary 4-point via DUTCH for full daily rhythm	Order at DUTCH
Sex Hormones: Progesterone, Estradiol, Testosterone Free Plus Total, SHBG	Reproductive endocrine axis; cycle-day specific for menstruating patients	Order at Quest
Thyroid: Free T3, Free T4	Active circulating thyroid hormones	Order at Quest
Electrocardiogram (ECG)	Cardiac rhythm and conduction baseline	<i>Schedule via Primary Care or Cardiology</i>

Important

Test Group	Description	Order Link
Serum IL-6	Sensitive inflammation marker that picks up patterns hsCRP can miss	Order at Quest
ApoB, Lp(a), NMR LipoProfile Particle Numbers	Advanced cardiovascular risk picture beyond standard cholesterol; Lp(a) is genetic and rarely needs repeat	Order at Labcorp
Adiponectin, Leptin	Hormones that inform metabolic and weight regulation	Order at Quest
Parathyroid Hormone (PTH)	Calcium and bone health axis	Order at Quest

Heavy Metals: Lead, Mercury, Arsenic, Cadmium	Blood, urine, or hair specimen depending on context	Order at Quest
Trace Minerals: Zinc, Selenium, Copper	Serum baseline; RBC layer added when chronic deficiency is suspected	Order at Quest
Viral Antibodies: HSV, EBV, CMV	Chronic viral immune surveillance for fatigue and autoimmune workup	Order at Quest
PSA (Men)	Prostate health surveillance	Order at Quest
Stool for Occult Blood (FOBT or FIT)	Colorectal screening	Order at Quest
Cancer Markers: CA 19-9, CA 125, AFP	Selected by sex, anatomy, history, or my recommendation	Order at Quest
Mycotoxin Urine Screen	Mold exposure workup	Order at RealTime Labs
Food Sensitivity (KBMO FIT 176)	Tests immune reactivity to 176 foods	Order at KBMO
Stool for Ova and Parasites	Parasitology baseline	Order at Quest

Conditional

Test Group	Description	Order Link
Extended Rheumatologic Panel	Added if ANA is positive or if you have a known autoimmune condition	Order at Quest
Cystatin C	Refines kidney function estimate when creatinine is unreliable	Order at Quest
Homocysteine, Methylmalonic Acid (MMA)	Methylation status and functional B12 evaluation	Order at Quest
Fasting Insulin, OmegaCheck	Insulin resistance picture and omega-3 status	Order at Quest

Cardiovascular Extension: Ceramides, MPO, Lp-PLA2, TMAO, Fibrinogen, OxLDL	Added for intermediate-to-high CV risk or family history of early heart disease	Order at Quest
Reverse T3, Anti-TG, Anti-TPO	Added if TSH or T3/T4 are abnormal or thyroid history is present	Order at Quest
Natera Signatera ctDNA	Personalized circulating tumor DNA monitoring after cancer treatment	Order at Natera
Environmental Toxins Panel (PFAS, BPA, Phthalates, Glyphosate, VOCs)	Chronic hormonal or immune symptoms with possible environmental exposure history	Order at Vibrant Wellness
Cyrex Array 2 Leaky Gut Screen	Intestinal barrier evaluation when food sensitivities or autoimmune patterns suggest gut involvement	Order at Cyrex
Comprehensive Stool Panel (GI-MAP)	Detailed gut bacteria, yeast, parasites, and gut-immune markers	Order at GI-MAP
Organic Acids Test (OAT) or Metabolomix+	Microbial overgrowth, mitochondrial concerns, neurotransmitters, methylation, B-vitamin needs	Order at Mosaic Diagnostics
Lymphocyte Subset Map (Cyrex)	Immune-related concern: post-cellular cancer therapy, chronic viral reactivation, autoimmune evaluation	Order at Cyrex
WatchPAT Home Sleep Apnea Test	For unexplained fatigue, daytime sleepiness, snoring, CV risk, or metabolic syndrome	Order WatchPAT

Optional But High-Value

Test Group	Description	Order Link
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Galleri Multi-Cancer Early-Detection Blood Test	Single blood test screening for over 50 cancer types; especially relevant with family history of cancer	Order Galleri
TruAge COMPLETE Epigenetic Age Clock	Estimates biological age and rate of aging from a blood sample	Order TruAge
Whole-Body MRI	Comprehensive imaging without radiation; safety screen required	Order at Prenuvo
DEXA Scan	Body composition (lean mass, fat mass, visceral fat) plus bone density	Order at BodySpec
GlycanAge	Additional biological-age estimate from a blood sample	Order GlycanAge
SelfDecode Genomic Analysis	Personalized longevity, methylation, hormone, neurotransmitter, detox, disease-risk reports; accepts 23andMe or AncestryDNA uploads	Order SelfDecode
Coronary Artery Calcium (CAC) Score	Cardiac CT measuring coronary calcium; one of the strongest long-term CV risk predictors	<i>Local Cardiac Imaging</i>
Coronary CT Angiography (CCTA) With AI Plaque Analysis	Detailed coronary plaque characterization via HeartFlow or Clearly	Order via HeartFlow
Continuous Glucose Monitor (2-Week Wear)	Glucose variability, post-meal responses, overnight patterns; OTC options available	Get Dexcom Stelo

Optional

Test Group	Description	Order Link
SpectraCell Intracellular Micronutrient Panel	Functional nutrient utilization at the cellular level when blood levels look normal but symptoms persist	Order at SpectraCell

Pancreatic: Insulin, Glucagon, Gastrin	For specific clinical situations	Order at Quest
VO2 Max Testing	Cardiopulmonary capacity test, especially valuable for athletes and fitness-focused care	<i>Local Exercise Physiology Lab</i>

Where to Order

Most standard panels (CBC, CMP, Lipid Panel, A1c, Vitamins, Hormones) are available through the major clinical lab networks. Specialty tests use the dedicated providers listed beneath. Click any provider name to open their site for ordering pathways and sample-collection instructions.

- **Standard Panels:** [Quest Diagnostics](#) or
- **Standard Panels (Alt):** [Labcorp](#) (broad clinical lab network covering most baseline panels)
- **Annual Broad Panel Bundle:** [Function Health](#) (membership service that orders an annual broad panel through Quest with a patient-friendly results dashboard; does not cover ECG, salivary cortisol, mycotoxins, advanced cardiac imaging, genomics, sleep studies, or many cancer markers)
- **Salivary Cortisol Plus DUTCH Panel:** [Precision Analytical \(DUTCH Test\)](#) (dried-urine plus saliva hormone panel)
- **Mycotoxin Urine Screen:** [RealTime Labs](#)
- **Specialty Arrays (Leaky Gut, Food, Chemical, Lymphocyte):** [Cyrex Labs](#)
- **Comprehensive Stool Panel:** [GI-MAP \(Diagnostic Solutions Lab\)](#) or
- **Comprehensive Stool Panel (Alt):** [Vibrant Wellness Gut Zoomer](#)
- **Intracellular Micronutrient Panel:** [SpectraCell](#)
- **Food Sensitivity (176 Foods):** [KBMO FIT 176](#)
- **Organic Acids Test (Metabolomic):** [Mosaic Diagnostics](#)
- **Multi-Cancer Early Detection:** [Galleri \(GRAIL\)](#)
- **Circulating Tumor DNA (Post-Cancer MRD):** [Natera Signatera](#)
- **Epigenetic Age Clock:** [TruDiagnostic TruAge COMPLETE](#)
- **Glycomic Biological Age:** [GlycanAge](#)
- **Personalized Genomic Analysis:** [SelfDecode](#) (accepts 23andMe or AncestryDNA raw data uploads)
- **AI Coronary Plaque Analysis:** [HeartFlow](#) or
- **AI Coronary Plaque Analysis (Alt):** [Cleerly](#)

- **At-Home Sleep Apnea Test:** [WatchPAT \(Itamar Medical\)](#)
- **Continuous Glucose Monitor (OTC):** [Dexcom Stelo](#) or
- **Continuous Glucose Monitor (OTC, Alt):** [Abbott Lingo](#)

Authorship, Intent, and Disclaimers

Authorship and Intent

I, Alexander Grinberg, MD, am the author of this guide. I write and maintain it personally as a plain-language reference for the labs and tests I use to plan patient care.

How to Contact Me

For any change to your specific lab plan, contact me directly, not the clinic or another practitioner. I am the only one who customizes the lab plan for your care. Prospects use service@infinityepigenetics.com per the top callout; established patients use the direct email shared at first consultation.

Educational and Informational Use

This guide is for educational and informational purposes. For my established patients, lab choices are shaped by our shared decision-making about your care and sit alongside, not in place of, your other treating physicians' recommendations. For prospective patients, the guide shows the breadth of labs I work with; specific panel selection for your care happens after we consult. If you are not currently my patient, this is not medical advice for you; consult your own physician.

Evidence and Lab Interpretation

Recommendations reflect my best clinical judgment given current evidence and evolve as new data emerges and vendors change. Lab results need clinical interpretation in the context of your full picture, history, symptoms, other findings, and trajectory of repeat measurements. Send your results to me rather than relying on vendor reference ranges or AI interpretation summaries alone.

Cost and Insurance

Lab costs vary by vendor, region, and insurance coverage. Some panels are insurance-covered; others are cash-pay. Specialty panels range from low-cost to multi-thousand-dollar. Confirm pricing with the vendor or ask me for best-value guidance for your situation.

Safety and Pre-Screening

Some tests require pre-screening: contrast-enhanced imaging (CCTA, others) for kidney function and contrast allergy; whole-body MRI for implants, devices, and pregnancy; provoked urine heavy metal testing requires explicit physician instruction. Flag any allergies, prior contrast reactions, implants, pregnancy, kidney disease, or other safety items before booking.

Emergencies

Nothing here is for emergencies. For emergencies, call 911 or your local emergency services. For urgent concerns between consultations, contact me directly or your established primary care or emergency provider.

Links and Third-Party References

This guide includes links to lab vendors and third-party resources. Links may break, vendor names may change, tests may be renamed or discontinued, and pricing may shift over time. I update this guide periodically to keep references accurate and add new tests that become clinically valuable. If you notice a broken link or come across a useful new lab or test, let me know directly.