## STANDARD BLOOD TESTS

**How and Where:** Go to your local hospital or laboratory, or drawing center (Quest, LabCorp, etc.---for this you'll need your local licensed health care practitioner to write you an order.)

Or order kits online [most of the tests below are available for self-pay without a doctor's order at <a href="https://www.directlabs.com">www.lifeextension.com</a> (click on "Blood Testing")] or <a href="https://www.requestatest.com">www.requestatest.com</a> or as given below.

→NOTE ON FASTING: You'll need to fast (water only) from 8 PM the night before and best to go in the morning by 9 AM for most accurate results. Go ahead and drink water before you go to the lab in the morning. It will make your blood draw easier (your veins will be more accessible.)

## → NOTE: Priority is Indicated in the List below by # of Asterisks:

**NOTE:** It is recommended to do ALL of the tests if: you have a medical condition, take medication, hormones or birth control pills, or use alcohol or other chemicals, haven't followed a pure, wholesome diet for many years or simply can afford to be thorough and do them all.

- \*\* = If pure diet and lifestyle for many years, and not on prescription medications, these are suggested as a minimum. (You are at low risk from some imbalances, but may be at increased risk for lack of hormones and nutrients)
- \* = Budget saving minimum. (Note: Includes more tests than there are for those following a "pure" diet and lifestyle for many years, above.)

[For Your Health Practitioner to Fill out]:					
Date:					
Ordering Physician Inforn	nation:				
Physician Name:	Dr. Signature:	Fax Results to:			
NPI #:	Phone Number:	License #:			
Office Address:					
Patient Name:	Birthdate:				
Address:		Phone:			
Insurance:					
ICD 10 Diagnosis Codes:					

ATTN LAB TECHNICIAN: please do all tests Circled or Checked below:

Critical Tests			Comments- Lab Test
Do all if can (see above)			Code #
* = Budget saving minimum.			
** = If pure diet and lifestyle X			
years, these are suggested as a			
minimum.			
Inflammation Markers			
*, **hs-CRP		< 0.9	

* **II om a aviatain a	< 7	
*, **Homocysteine  ** Total or Reduced	5.0-5.5	
	3.0-3.3	
Glutathione	> 1.0	
*A/G ratio	>or= 1.8	
(albumin/globulin)-	>4.5 (albumin)	
is included in CMP test-		
Coamprehensive,		
Metabolic Panel- listed		
below	(0.100	
Vitamin B6	60-100	
*, **Vitamin B12	500-1500	
Folate	10-25	
Vitamin C	1.3-2.5	
*, **Vitamin D-25-OH	50-80	
Vitamin E	12-20	
*, **Fasting insulin	< or = 4.5	
*, **Fasting Glucose-	70-90	
Note: This is included in		
"CMP" -Comprehensive,		
Metabolic Panel- listed		
below		
*, **Hg A1c	< 5.6	
*, **Total Cholesterol	>150	
*, **HDL	>50	
*, ** sd-LDL (small,	<20	
dense LDL)		
*, ** LDL-p	700-1000	
*, **Oxidized LDL	<60	Us. approx. \$75
, Oxidized EDE	<b>\00</b>	LabCorp Test
		#LC817472
		π <b>Δ</b> (U1/ <b>1</b> /Δ
*, **Triglycerides	<150	
RBC Thiamine (B1)	100-150	
\ /	100-130	
pyrophosphate	Nagatina	LabCom 161646
**AntiGliadin IgG, IgA	Negative	LabCorp- 161646,
(Gluten sensitivity)		161687
* ** Omegan ( )	0.5.2.0	
*, ** Omega 6: omega 3	0.5- 3.0	
ratio		
TROPHICE		
TROPHIC Factors		
* **E '.'	( 311 : 20)	
*, **Ferritin	(per NL: >30)	
*, **Estradiol (E2)	50-250	
**Progesterone (P)	1-20	
*, **Pregnenolone	50-100	
*, **Cortisol 8 AM	10-18	
*, **DHEA-sulfate	350-430 W	
	400-500 M	
Total Testosterone	500-1000	
*, **Free testosterone	6.5-15	
**Free T3	3.2-4.2	
**Free T4	1.3-1.8	
**Reverse T3	<20	
*, **TSH	<2.0	
, 1011	-2.0	
	fT3:rT3>20	
TPO	Negative	
110	(This is not	
	included in	
	Bredesen	
	cognoscopy)	

ATA: anti-thyroglobulin		Negative (This is not included in Bredesen cognoscopy)	
*, **ELISA Lyme ab Screen		negative	
Lyme Western Blot		negative	Igenix lab offers more in-depth testing and may be positive when the Elisa and Western Blot are negative—Igenix testing costs about \$500-750
Minerals			
*, **RBC-magnesium	1	5-2-6.5	
*, **Serum Copper		90-110	
*, **Serum Zinc		90-110	
Serum Selenium		110-150	
Standard			_
*, **CBC- Complete			
Blood Count			
*, **CMP			
(comprehensive			
metabolic panel) Gamma GTP		< 25	
*, **Urinalysis with		< 23	
reflex C and S			
Terrex e una s			
Hidden Inflammation- "CI	RS"		
Chronic Inflammatory Respo			
Syndrome—can represent his			
viral infection, Lyme, mold			
exposure, heavy metals, etc			
MMP-9	•	< 30	
TGF-Beta1		< 2380	
VEGF		31-86 (per	
		paper by S.	
		Rapaport, MD)	
MSH		> 35	

## ICD 10 Diagnosis Codes for Tests Below (X'd diagnoses apply to this patient):

G31.84- Mild Cognitive Impairment
 Z13.220- Encounter for screening lipid disorders
 R73.02 - Impaired glucose tolerance (oral), Elevated glucose tolerance
 E61.8 - Deficiency of other specified nutrient elements
 N95.8 - Other specified menopausal disorders
 D89.89 Other specified disorders involving the immune mechanism, not elsewhere classified
 R65.10- SIRS of non-infectious origin w/o acute organ dysfunction
 A69.22- Other neurological disorders in Lyme disease
 E27.40- Unspecified adrenocortical insufficiency, Adrenocortical insufficiency NOS, Hypoaldosteronism
F51.01 - Primary insomnia Idionathic insomnia

R53.81- Other malaise, Chronic debility, Debility NOS, General physical deterioration, Malaise NOS, Nervous
debility
E08.00 Diabetes mellitus due to underlying condition w/ hyperosmolarity w/o nonketotic hyperglycemic-
hyperosmolar coma
E55.9 Vitamin D deficiency
E21.3 Hyperparathyroidism, unspec
E83.51 hypocalcemia
M83.9 Adult osteomalacia
M81.8 Other osteoporosis without current fracture
R68.89 Other General Symptoms and Signs
K90.9 Intestinal Malabsorption, unspec.
D52.8 Folate defic anemia, other
R27.9 Unspec lack of coordination
E53.1 VIt B6 deficiency
G60.9 Hereditary and idiopathic neuropathy, unspec.
G25.89 Other specified extrapyramidal or movement disorders
G25.70 Drug-induced movement disorder
E43 Unspec severe protein – calorie malnutrition
D51.3 Other dietary B12 anemia, Vegan anemia
D51.8 Other Vit B12 deficiency anemias
E53.8 - Deficiency of other specified B group vitamins, Biotin deficiency, Cyanocobalamin deficiency
Folate deficiency, Folic acid deficiency, Pantothenic acid deficiency, Vitamin B12 deficiency
R35.1 nocturia
R35.8 polyuria, other

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