SELENE BY CAITLYN

BLOOD TEST CHEAT SHEET

WHAT TO ASK FOR · WHY IT MATTERS · WHAT THE NHS MISSES

The NHS standard blood panel misses the tests that actually matter for PCOS and PMOS. Read the symptoms under each test. Tick the tests that apply to you, print this page, and take it to your appointment.

📋 **How to use this guide:** Read through each test below. If the symptoms underneath sound familiar, tick the box next to the test name. Print the page and take it to your GP — the ticked tests are the ones you want to request. You don't need to justify yourself. You are allowed to ask.

⚠️ **Important:** The NHS missed my insulin resistance — private testing found it. If your GP refuses to run these tests, ask for it to be noted on your records and consider going private. Many of these are available in dedicated PCOS packages for under £100.

🩸 ESSENTIAL — ASK FOR THESE FIRST

☐ FASTING INSULIN

The single most important test for lean PCOS. The NHS standard glucose test will miss insulin resistance in lean women. Elevated fasting insulin means your cells aren't responding properly to insulin even if your blood sugar looks normal.

⚡ The NHS often won't offer this. If refused, get it privately — Randox Health includes it in their PCOS package.

THIS MIGHT APPLY TO ME IF...

- I have irregular or absent periods
- I struggle to lose weight or maintain weight despite eating well
- I experience energy crashes after meals
- I have sugar cravings, especially after eating
- I feel tired despite sleeping enough
- I have skin tags or darkened skin patches (acanthosis nigricans)
- I have been told my blood sugar is 'normal' but I still feel something is wrong

☐ FASTING GLUCOSE + HBA1C

HbA1c shows your average blood sugar over 3 months. Fasting glucose shows your blood sugar after not eating. Both together give a fuller picture of how your body handles sugar. Neither alone is enough.

⚡ Ask for both together — not just one.

THIS MIGHT APPLY TO ME IF...

- I experience energy dips and crashes throughout the day
- I crave sugar or carbs regularly
- I feel shaky or irritable if I don't eat
- I have brain fog or difficulty concentrating
- I feel very tired after meals
- I have a family history of type 2 diabetes or insulin resistance

☐ LH & FSH (WITH RATIO)

LH and FSH control your cycle. In PCOS, LH is often elevated relative to FSH — a ratio above 2:1 is a key diagnostic marker. Ideally tested on days 2–5 of your cycle, but if your cycles are irregular or absent, test when you can — any result is more useful than none.

📅 Tell your GP where you are in your cycle so results are interpreted in context.

THIS MIGHT APPLY TO ME IF...

- I have irregular periods or no periods at all
- My cycles are irregular, unpredictable or absent
- I have been told I may not be ovulating
- I have been trying to conceive without success
- I have had previous blood tests that came back 'normal' but I still have symptoms

☐ TOTAL & FREE TESTOSTERONE

Elevated androgens are a hallmark of PCOS. You need both total AND free testosterone — free testosterone is the active form and is often missed. This explains symptoms like hair thinning, acne, and facial hair.

📅 Test in the morning — testosterone is highest then.

THIS MIGHT APPLY TO ME IF...

- I have acne on my face, chest or back
- I have excess facial or body hair (hirsutism)
- I have thinning hair on my scalp or hairline recession
- I have an oily scalp or skin
- I have a deeper voice than expected
- I have noticed changes in body composition — more muscle or less fat than expected

☐ SHBG (SEX HORMONE BINDING GLOBULIN)

SHBG binds to testosterone — low SHBG means more free testosterone available to cause symptoms. Insulin resistance lowers SHBG, which is why lean PCOS women can have normal total testosterone but still experience androgen symptoms.

THIS MIGHT APPLY TO ME IF...

- I have androgen symptoms (acne, hair loss, facial hair) but my testosterone came back normal
- I have been told my hormones are fine but I still have symptoms
- I have insulin resistance or suspected insulin resistance

☐ DHEA-S

An androgen produced by the adrenal glands. Elevated in adrenal PCOS — important to distinguish between ovarian and adrenal androgen excess as the approach differs.

THIS MIGHT APPLY TO ME IF...

- I have acne or excess hair that started suddenly or worsened under stress
- I have high stress levels or a history of chronic stress
- I experience fatigue, low mood or anxiety alongside other PCOS symptoms
- I have been told I have high androgens but my LH/FSH ratio is normal

☐ PROGESTERONE (MID-LUTEAL)

Confirms whether ovulation has occurred. If your cycles are regular, test 7 days after ovulation (day 21 in a 28-day cycle). If your cycles are irregular or absent, a low result at any point simply confirms lack of recent ovulation — which most of us already know. More useful alongside LH tracking.

📅 If cycles are irregular or absent — test when you can and tell your GP your cycle history.

THIS MIGHT APPLY TO ME IF...

- I have irregular or absent periods
- I have been told or suspect I am not ovulating
- I have spotting between periods
- I have PMS symptoms that seem very long or severe
- I have been trying to conceive without success

☐ AMH (ANTI-MÜLLERIAN HORMONE)

Reflects ovarian reserve and number of follicles remaining. In PCOS, AMH is often significantly elevated because of the high number of small follicles. High AMH is actually a diagnostic marker for PCOS. Can be tested any day of your cycle.

THIS MIGHT APPLY TO ME IF...

- I have been told I may have polycystic ovaries on an ultrasound
- I have irregular or absent periods
- I am concerned about fertility
- I have not yet had a formal PCOS diagnosis but have multiple symptoms

🔬 IMPORTANT EXTRAS — DON'T SKIP THESE

☐ THYROID PANEL — TSH, FREE T3, FREE T4

Thyroid dysfunction and PCOS share many symptoms. The NHS often only tests TSH, which can appear normal even when Free T3 and T4 are off. Ask for the full panel.

⚡ Ask for Free T3 and Free T4 specifically — TSH alone is not enough.

THIS MIGHT APPLY TO ME IF...

- I feel constantly tired despite sleeping enough
- I have unexplained weight changes
- I have brain fog or poor memory
- I feel cold all the time or have cold hands and feet
- I have dry skin, dry hair or brittle nails
- My periods have changed or become irregular
- I have a family history of thyroid conditions

☐ PROLACTIN

Elevated prolactin can cause irregular or absent periods and is sometimes confused with PCOS. Important to rule out or confirm as part of a full hormonal picture.

📅 Test in the morning, avoid strenuous exercise beforehand — both affect the result.

THIS MIGHT APPLY TO ME IF...

- I have irregular or absent periods
- I have nipple discharge when not pregnant or breastfeeding
- I have headaches or visual disturbances
- I have low libido
- I have been trying to conceive without success

☐ VITAMIN D

Vitamin D deficiency is extremely common in PCOS and contributes to insulin resistance, low mood, fatigue and immune function. Essential to know your level before supplementing.

THIS MIGHT APPLY TO ME IF...

- I feel low in mood or experience seasonal depression
- I feel fatigued even after rest
- I get ill frequently
- I spend most of my time indoors or live in the UK
- I have muscle aches or bone pain
- I have been told I am deficient before

☐ FERRITIN (IRON STORAGE)

Low ferritin causes fatigue, hair loss and brain fog — symptoms that overlap significantly with PCOS. The NHS checks haemoglobin but ferritin shows actual iron storage. Heavy or irregular periods can deplete stores quickly.

⚡ Ask for ferritin specifically — a standard iron check is not the same thing.

THIS MIGHT APPLY TO ME IF...

- I have heavy periods or irregular bleeding
- I have hair loss or thinning
- I feel exhausted even after a full night's sleep
- I feel breathless doing normal activities
- I have brain fog or poor concentration
- I have been told my iron is fine but I still feel tired

☐ FULL LIPID PANEL

Insulin resistance in PCOS increases cardiovascular risk. A full lipid panel including LDL, HDL and triglycerides gives a picture of your metabolic health beyond blood sugar alone.

THIS MIGHT APPLY TO ME IF...

- I have insulin resistance or suspected insulin resistance
- I have a family history of heart disease or high cholesterol
- I feel bloated or heavy after eating fatty foods
- I have been told my cholesterol is borderline

💬 WHAT TO SAY AT YOUR APPOINTMENT

🗣️ OPENING SCRIPT

"I have been diagnosed with PCOS / I am presenting with symptoms consistent with PCOS. I would like to request a full hormonal and metabolic panel including fasting insulin, fasting glucose, HbA1c, LH, FSH, total and free testosterone, SHBG, DHEA-S, AMH, progesterone, prolactin, thyroid panel including Free T3 and T4, Vitamin D and ferritin. Can we discuss which of these can be done on the NHS and arrange the others privately?"

🗣️ IF THEY PUSH BACK

"I understand resources are limited but I'd like to make an informed decision about my health. Could you note on my records that I requested these tests and that you were unable to action them? I will arrange the outstanding ones privately."

💡 BEFORE YOU GO

🕘 FAST BEFOREHAND

For fasting insulin and fasting glucose you must not eat or drink anything except water for 8–12 hours before. Book a morning appointment.

📅 TIMING YOUR CYCLE

LH, FSH and oestrogen: days 2–5 if possible. Progesterone: 7 days after ovulation if you can identify it. Testosterone: morning. AMH and prolactin: any day.

📋 BRING THIS SHEET

Print this page with your symptoms ticked and hand it to your GP. Don't rely on remembering in the moment — appointments are short and you deserve to be taken seriously.

📬 GET YOUR RESULTS

Always ask for a printed or digital copy with reference ranges. Don't accept "everything is normal" without seeing the numbers yourself.

GOING PRIVATE — SPECIFIC PACKAGES TO LOOK FOR

If your GP won't run the tests you need, private blood testing is more affordable than you think. Both providers below have dedicated PCOS packages that test the markers that actually matter.

RANDOX HEALTH ⭐ CAITLYN'S CHOICE

This is the provider I used personally — and it was the Randox Health PCOS test that identified my insulin resistance when the NHS had missed it entirely. Their dedicated PCOS package covers over 45 data points including AMH, hormonal health, thyroid, iron status, diabetes markers and fasting insulin. Available at clinics across the UK or as an at-home kit. Fasting is recommended but not mandatory.

VIEW PCOS TEST →

MEDICHECKS

Their Advanced PCOS Blood Test covers 19 biomarkers including AMH, thyroid, androgens and metabolic markers with a doctor's comments included. Does not require fasting. If you go with Medichecks, add fasting insulin separately — it is the most important test for lean PCOS and is not included as standard.

VIEW ADVANCED PCOS TEST →

This guide is an educational tool to support conversations with your healthcare provider. It does not constitute medical advice or a diagnostic tool.