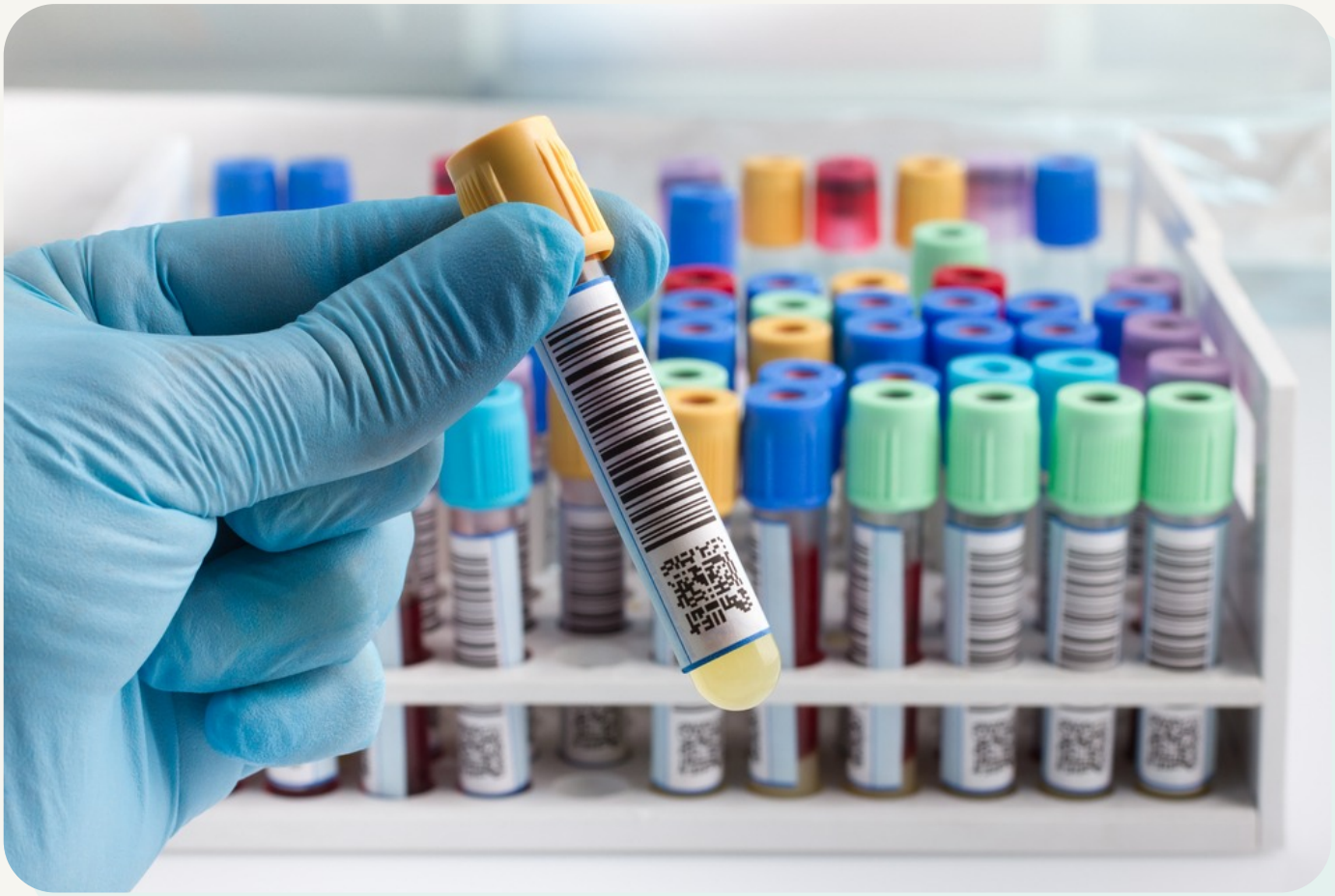


Functional bloodwork / make an informed choice

How to Choose a Blood Test

Six questions to ask before you buy, in the order I'd ask them, so you end up with answers rather than a list of numbers.

Lou Nicholettos | Performance Health®

Before you buy

Every blood test is sold on two numbers.

How many markers you get, and what it costs. In 21 years I've read a lot of blood results people paid good money for. The ones that left them none the wiser had plenty of markers. What they lacked was anyone reading them for that person. So here are the six questions I'd ask, and the order matters: the first one decides what the others mean.

01	What question do I want answered?
02	Which markers, not how many?
03	How is the blood taken?
04	What ranges are my results read against?
05	Are they read together, and in my context?
06	What can I actually do with the results?

Question 01 of 06

What question do you want answered?

Two different questions get asked of blood, and the test built for one doesn't do the other well. Decide which one you're asking before you look at a single panel.

"Is there a disease here?"

A standard blood test through your GP. Built to find illness, and it does that job well. If you have symptoms that need medical attention, it's the right place to start.

"How well is my body working?"

A functional bloodwork analysis. It asks what to work on, not just what's wrong. You can sit inside every standard range and still feel a long way from your best.

From my clinic

Twice

A woman in her fifties came to me for physio on her knees. Twice her GP bloods had come back normal.

Never

She'd never asked the second question, so nobody had read her bloods for how well she was working.

Both results were true for the question those tests were asking. They just weren't her question.

Do this now

Write your question down in one sentence. If it's a disease question, see your GP. If it's the second one, keep reading.

Question 02 of 06

Which markers, not how many?

A long list looks like value. A test is only as good as the markers that change what you'd do next, and some on the bigger panels tell you nothing in a well person. What you want is a set that describes your main body systems.

Red cells and iron	A full blood count with the white cell picture, and a full iron study including ferritin. Not haemoglobin on its own.
Thyroid	TSH, free T4, free T3 and antibodies. TSH alone tells you how loudly the gland is being asked to work, not how much active hormone reaches you.
Blood sugar, liver, kidneys, fats	Glucose and HbA1c, the liver enzymes, kidney function, cholesterol and triglycerides, and an inflammation marker.
Nutrients and hormones	Vitamin D, B12, folate, magnesium, and the hormones that matter for your age and sex.

Three that look impressive on a list and add little in someone who feels well: a tumour marker the largest ovarian cancer screening trial ever run found didn't save lives, and which rises with a period; a rheumatoid antibody where a low positive on its own rarely tells you much; and a titre for a past strep throat. Cheap to run, and they make the number bigger.

Do this now

Check for a full thyroid picture, a full iron study including ferritin, an inflammation marker and the core nutrients. If any are missing, the marker count is irrelevant.

Question 03 of 06

How is the blood taken?

Finger-prick at home, or a venous draw by a phlebotomist. It sounds like a detail. It decides whether your markers can be run properly at all.

Finger-prick kit

Convenient, and for many markers the results agree well with a venous sample. But it's a small sample, so the panel has to be short, and more samples get damaged on the way, so some results come back unreliable or not at all.

Venous draw

Taken by a phlebotomist at a clinic near you. Enough clean blood, in the right tubes, to run a comprehensive panel in one go. The right choice for anything you'd call a full panel.

From my clinic

Three kits

A client in her late forties had done three home kits in two years.

Two failed

Two came back with results missing because the sample hadn't survived the post.

She'd spent more on the kits than one venous panel would have cost, and still didn't have a full iron study.

Do this now

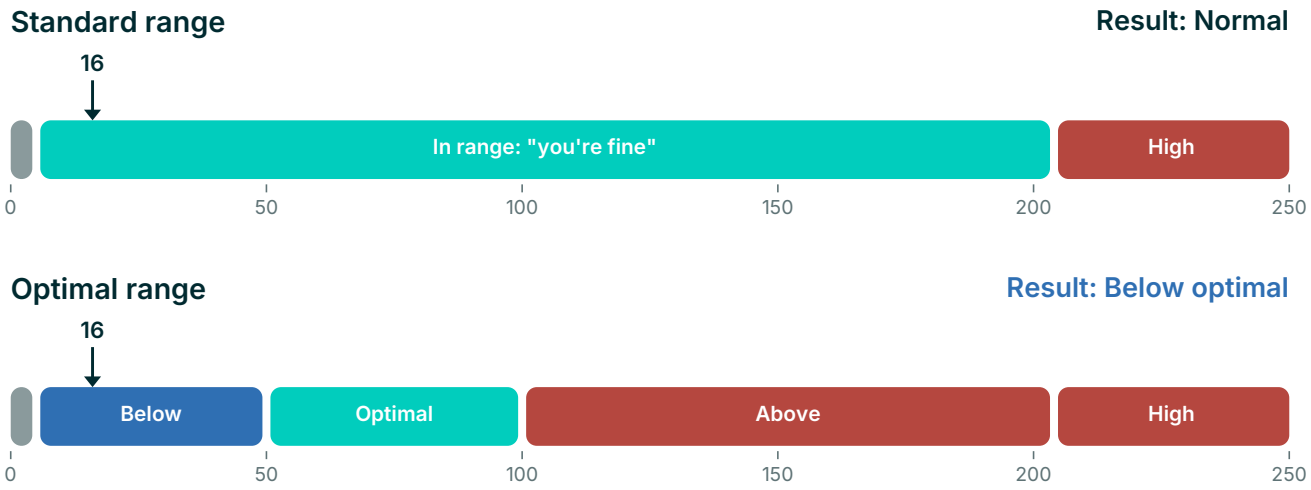
Choose a venous draw for anything you'd call a full panel. A finger-prick is fine for a few markers.

Question 04 of 06

What ranges are your results read against?

A standard range describes the middle of the people the lab tests and flags results well outside it. The right tool for a disease question. An optimal range asks where well people sit, and for many markers that band is inside the standard range, off centre.

One result, two readings: ferritin 16 µg/L (a woman's panel)



A ferritin of 16 passes a standard panel. Against the optimal range it's well below, and it explains a lot of tiredness.

The standard range

Built from the middle 95% of the people the lab tests, at a time when nearly half of adults have a long-term condition. Wide by design, and never meant to say where healthy sits.

The optimal range

Where the research and 21 years of reading bloodwork say people feel and function at their best. A reading aid, never a diagnosis, and the reason a "normal" panel often has a lot to say.

Do this now

Ask whether your results will be shown against an optimal range as well as the lab's, and who decided what optimal is. If the answer is only the lab's range, you're buying the disease question again.

Question 05 of 06

Are they read together, and in your context?

Even against optimal ranges, a marker read on its own has limited value. Markers move together, and a result means something different depending on who it belongs to. Blood sugar is a clear example.

Glucose	A fasting snapshot of one morning. On its own it passes for years while the system behind it works harder.
HbA1c	A three-month average. It can creep from 34 to 41 over five years and never be flagged, because 42 is the line.
Triglycerides	Fat in circulation. Raised alongside a creeping HbA1c, it points at blood sugar control under strain long before any diagnosis.

Glucose		HbA1c		Triglycerides		
In range	+	Creeping up	+	Raised	=	Blood sugar control working harder than it should

Then add the person. The same three numbers in a 45-year-old who runs most days and eats late, and in someone who sits all day and sleeps badly, lead to different first moves. A report that stops at each flag can't tell them apart.

Do this now

Ask whoever reads your bloods to show you the relationships, and to ask about you first: symptoms, training, sleep, medicines, goals. If they can't, you're buying a list.

Question 06 of 06

What can you actually do with the results?

The point of bloodwork is information you can act on. Before you buy, look for four things.

Someone explains it to you

A conversation about your findings, in plain English, with the person who read them. A PDF with red flags on it is where most people's tests end.

Priorities, in order

Of everything the analysis finds, which three carry the most weight, and why. Not thirty things to worry about at once.

A safe first step for each

Something you can start before anything else is decided: food, timing, training, sleep. Supplements and doses come later, and only with a reason.

Support if you want it

A route to a full plan and someone alongside you, without being pushed into it on the day you get your results.

Do this now

Ask what happens after the results arrive. If the answer is "you get the PDF", keep looking.

The six questions, answered

What the Benchmark says to each one.

Six questions. I built the Performance Health Benchmark to answer all of them.

01 Built for the second question: how well is your body working, and what to work on first.

02 Over 80 markers chosen for what they tell me: full thyroid and iron studies, inflammation, blood sugar, liver, kidneys, fats, nutrients, hormones.

03 A venous draw at a clinic near you, analysed at a UKAS accredited UK laboratory.

04 Every result shown against the optimal range and the lab's, so you can see where you sit and why.

05 Read together through my Synergy Patterns® analysis, in the context of your Blueprint.

06 Your Benchmark Score, a system by system view, three priorities with safe first steps, and a 15-minute results call with me.

One thing to note

Every report is checked and signed off by me. If anything in your results needs medical attention, it says so clearly and points you to your GP.

Your next step

Understand your health. Know where to start.

I'm Lou Nicholettos, a pain and performance specialist with over 21 years' experience working with complex cases. I designed the Performance Health Benchmark, over 80 markers read together against optimal ranges, built on my own Synergy Patterns® algorithm.

If you've asked the six questions and want a test that answers them, this is it.

The Performance Health® Benchmark · £599

- Over 80 markers, analysed at a UKAS accredited UK laboratory, from a blood draw at a clinic near you.
- The Blueprint health assessment, so your results are read in your context.
- Your personally reviewed report: Benchmark Score, system by system view and three priorities with safe first steps.
- A 15-minute results call with me.

Order the Benchmark

Not sure it's the right starting point? Book a free health strategy call and we'll talk it through.

Book a free health strategy call

Want the plan built and guided for you? That's the four-month Flagship Programme.

Hopefully that has got you thinking.
Lou

Educational only, not medical advice. The Benchmark is a functional wellbeing analysis that works alongside care from your GP. If anything in your results needs medical attention, your report says so clearly and points you to your GP. Never change a prescribed medicine without advice.