

## INITIAL LABWORK

Following a good Medical History, which laboratory assays should be run as part of your initial hypogonadism workup? Following is my list, but certainly other specialists in this area run expanded or attenuated panels, per individual clinical experience and expertise. Of note, additional tests which should be included to complete the true comprehensive Anti-Aging Medicine workup (i.e. inflammatory markers, insulin, good and true comprehensive thyroid study, etc.); this chapter is concerned solely with administering TRT. And as always, the panel is tailored to the individual patient. Here they are:

- Total Testosterone
- Bioavailable Testosterone (AKA “Free and Loosely Bound”)
- Free Testosterone (if Bioavailable T is unavailable)
- SHBG
- DHT (perhaps)
- Estradiol (specify “sensitive” assay for males)
- LH
- FSH
- Prolactin
- Cortisol
- Thyroid Panel
- CBC
- Comprehensive Metabolic Panel
- Lipid Profile
- PSA (age dependent)
- IGF-1, IGFBP-3 (if HGH therapy is being considered)

## FOLLOW-UP LABS

Four weeks after initiating or changing dose for transdermal, six weeks for IM injection TRT. The time delay provides for stabilization via HPTA suppression and pharmacokinetics of medication:

- Total Testosterone
- Bioavailable Testosterone
- Free Testosterone (if Bioavailable T is still unavailable)
- Estradiol (specify “sensitive” assay for males)
- LH
- FSH
- CBC
- Comprehensive Metabolic Panel
- Lipid Profile
- PSA (for those over 40 with Family Hx of prostate CA, >45 yo. all others)
- IGF-1, IGFBP-3 (if GH Therapy has been initiated already)