Before Your Blood Draw

FREE BONUS 4 · BEYOND TESTOSTERONE BY NELSON VERGEL

Timing, preparation and the common mistakes that skew TRT lab results, gathered from across the book.

Timing

Situation	When to draw
Diagnosing low testosterone	Fasting, between 7 and 10 AM. If low, repeat and add LH and FSH. Not during an acute illness.
Injections (IM or subcutaneous)	Trough: the day of your injection, before you inject. Optional peak: 24 to 48 hours after. Alternative: midway between injections, aiming for 400 to 700 ng/dL.
Gels and patches	At least one week after starting, at least 2 hours after applying, and before the next dose.
Hematocrit after a donation	Recheck with ferritin and iron before the next donation.

The day before and the morning of

- ☐ Skip breakfast. Testosterone fell about 25% after a glucose drink and 30% after breakfast in two studies (a third found no effect).
- ☐ Drink plenty of water. Dehydration can push hematocrit and hemoglobin up.
- ☐ Tell your doctor about biotin. Biotin supplements, common in hair products, can interfere with immunoassay (ECLIA) hormone tests.
- ☐ Avoid a hard workout right before. Resistance exercise can raise liver enzymes, and muscle and high protein intake raise creatinine.
- ☐ Write down the date and time of your last dose, so results can be read correctly.

Ask for the right tests

Test	Why
Sensitive estradiol (LC-MS)	Standard estradiol tests tend to overestimate it. All men should be tested with the sensitive test.
Total testosterone by LC-MS/MS	The gold standard. Immunoassays are imprecise under 150 or over 1,500 ng/dL.
Cystatin C	A better kidney measure than creatinine-based eGFR for very muscular men.
Ferritin and iron	Frequent donations can deplete iron and cause fatigue.

Common mistakes

Testing in the afternoon or after a meal when diagnosing low T.
Drawing right after an injection and treating the peak as your usual level.
Arriving dehydrated, then being told your hematocrit is too high.
Changing your dose based on one result instead of your trend.

Educational only, not medical advice. Decisions about treatment belong with you and your clinician.
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