

# Blood Test Request – GP Visit (Retest)

**Patient:** Kim Hansen | **DOB:** 20/07/1974 | **Age:** 51 | **Date:** April 2026 **GP:** Dr Mark Friel, Currumbin Medical Centre | **Lab:** Sullivan Nicolaidis (for trendability) **Previous panel:** 21 January 2026 (Lab Ref 519558285) – results on file

## Purpose of This Visit

This is a **progress retest** ~3 months after the January 2026 comprehensive panel. Since that baseline I've been running specific dietary and supplement interventions and need to see whether they're working. I'd like the same panel as January so the trendlines are comparable, **plus** the items from my January request that weren't ordered last time.

## Primary markers I'm tracking

Marker	Jan 2026	Target	What I changed
<b>ApoB</b>	1.12 g/L	<1.0, ideally <0.80	Removed coconut oil, eggs 4→1/day, fish-first dinners, red meat ≤1x/wk, +oats/psyllium/flax/lentils, high-dose omega-3 2,500mg EPA+DHA
<b>Homocysteine</b>	10.0 µmol/L	<8	Methylated B-complex (folate 800mcg + B12 1000mcg + P5P 50mg) started Feb
<b>HbA1c</b>	5.4%	<5.2%	Continued 10am–7pm eating window, reduced simple carbs
<b>LDL / Non-HDL-C</b>	4.1 / 4.66	<3.0 / <3.4	Same as ApoB interventions
<b>SHBG</b>	76 nmol/L (H)	<70	Resistance training 4x/week (up from 3x)

## Requested Tests

### Metabolic & Glucose

- ] **Fasting Glucose** (*not random – Jan was random at 14:14, want fasting this time to pair with insulin for HOMA-IR*)
- ] **HbA1c**
- ] **Fasting Insulin** (*must be fasting – reference range only valid when fasting*)

### Lipids & Cardiovascular

- ] Full Lipid Panel (Total, LDL, HDL, Triglycerides, Non-HDL-C)
- ] **ApoB** (*primary marker for intervention – critical*)
- ] **hs-CRP** (*specifically the high-sensitivity assay – Jan result of 0.4 was against the standard <5 mg/L reference; I want the <1.0 longevity target trend*)
- ] **Homocysteine** (*critical – tracking B-complex response*)
- ] **Lp(a)** – *already done Jan 2026 (72 nmol/L, low risk). Genetic, one-time only, not repeated.*

### Hormones

- ] **Total Testosterone** (*AM draw – Jan sample was 14:14, morning draw preferred*)
- ] **Calculated Free Testosterone**
- ] **SHBG** (*was 76 H in Jan – tracking response to 4x/week resistance training*)
- ] Estradiol (E2)
- ] **TSH**
- ] **Free T3, Free T4** (*worth including this time – high SHBG can reflect thyroid activity even with normal TSH*)

## Organ Function

- ] Full Blood Count (FBC) with differential
- ] Liver Function (ALT, AST, GGT, ALP, bilirubin)
- ] Kidney Function (Creatinine, eGFR, Urea) (*tracking recovery from 72 eGFR dip in 2024; now 86*)
- ] Urate
- ] Electrolytes (Na, K, Cl, HCO<sub>3</sub>, Ca, Phos)

## Nutrients & Minerals – **NOT DONE LAST VISIT, PLEASE INCLUDE**

- ] **Vitamin D (25-OH)** – no baseline exists; I'm deferring a D3 dose change until I see the result
- ] **Ferritin + Iron Studies** – no baseline; relevant given high training load (surf/MTB 6 days/week)
- ] **Vitamin B12** – pairs with homocysteine tracking now that methylated B-complex started
- ] **Folate** – same reason as B12
- ] **Magnesium (RBC preferred)** – taking 400mg glycinate nightly, want to confirm status

## Age-Appropriate Screening – **NOT DONE LAST VISIT**

- ] **PSA** – first baseline, age 51

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## Priority if Limited (critical 10)

If Medicare coverage limits the panel, these are non-negotiable:

1. **ApoB** (*primary intervention target*)
2. Full Lipid Panel (LDL, Non-HDL-C, HDL, TG)
3. **Homocysteine**
4. **HbA1c**
5. Fasting Insulin + Fasting Glucose
6. **hs-CRP**
7. **Vitamin D (25-OH)**
8. **Ferritin + Iron Studies**
9. Testosterone (Total + Free) + SHBG
10. PSA

Happy to pay privately for anything outside Medicare.

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## Optimal Ranges I'm Targeting

Marker	Jan 2026	Optimal (longevity)	Standard "normal"
ApoB	1.12 g/L	<0.80	<1.30
LDL	4.1 mmol/L	<2.6	<4.1
Non-HDL-C	4.66 mmol/L	<3.4	<3.81
HbA1c	5.4%	<5.2	<6.5
Fasting Insulin	7 mU/L (not confirmed fasting)	<5	3–15
Homocysteine	10.0 µmol/L	<8	4–15
hs-CRP	0.4 mg/L (standard assay)	<1.0	<5
Vitamin D (25-OH)	<i>not measured</i>	100–150 nmol/L	50–150
Testosterone (Total)	27.0 nmol/L	20–30	11–40
SHBG	76 nmol/L (H)	<70	10–70
ALT	14 U/L	<20	5–40

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## Collection Notes for the Lab

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- **12-hour fast** before draw (for glucose, insulin, lipids, ApoB)
  - **Morning appointment preferred** (testosterone, cortisol, SHBG all peak ~8am — Jan was 14:14 which is suboptimal)
  - Same lab as January (Sullivan Nicolaides) for assay consistency on trendable markers
  - Planning to retest every ~3 months for the next year while interventions are active
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## Also to Discuss (Not Blood Tests)

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These are on my Q1 2026 health plan and I wanted to raise them with you this visit:

- **CAC Scan (Coronary Artery Calcium)** — given the 7-year uptrend in total cholesterol (4.3 → 4.2 → 5.0 → 6.1) and ApoB at 1.12, I'd like a one-time calcium score to quantify existing atherosclerotic burden. This would help decide whether dietary intervention alone is enough or whether a statin discussion is warranted.
  - **APOE genotype** — one-time genetic test to inform long-term cardiovascular and cognitive risk planning.
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## Clinical Context

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51yo active male. Daily surfing, mountain biking, functional training 4x/week. WHOOP user (HRV baseline 39–48 ms, RHR 56–58 bpm, recovery typically green). Non-smoker, minimal alcohol. No current medications. Seeking comprehensive longevity-focused monitoring.

**Rationale references:** Peter Attia MD (“Outlive”), Bryan Johnson (Blueprint), Rhonda Patrick PhD, European Heart Journal 2020 ApoB targets, NVDPA Australian lipid guidelines.

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*Prepared: April 2026 | Previous panel: 21 Jan 2026 (SNP Lab Ref 519558285)*