OneMedicine

EXCEPTIONAL CARE

A Private GP Clinic · CQC registered

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PERSONAL HEALTH REPORT

Your Blood Test Results

SAMPLE

PATIENT ID		NAME	Sample Patient
DATE OF BIRTH	01/01/1980	INVESTIGATIONS	23/06/2026
REPORT DATE	26/06/2026	PROGRAMME	Advanced Wellness Screen

48	42	5
Markers tested	In range	To review with your GP

42 in range · 5 to review · 1 recorded for information (no reference range applied)

This report is prepared for you by OneMedicine and reviewed by our doctors. A result outside the reference range does not always mean something is wrong — it simply flags a value for your GP to interpret in the context of your history, medications and symptoms. Results marked “Review” are brought together in the pages that follow.

CONTENTS

Results to Review 03
Full Blood Count 04
Iron Status 07
Heart Health 08
Diabetes Health 09
Kidney Health 10
Liver Health 12
Nutritional Health 14
Infection & Inflammation 15
Thyroid Health 16
Male Hormonal Health 17
Other Results 18
Results for Your Doctor 19
Test Glossary 25
Got your results? What next 28

SAMPLE

Results to Review

These results fall outside their reference range or returned positive. They are grouped below by area so you can talk them through with your GP. Every result also appears again within its full panel. This is guidance, not a diagnosis.

Iron Status

1 to review

Ferritin	18 ng/ml	Review

Heart Health

1 to review

LDL Cholesterol	3.4 mmol/l	Review

Liver Health

1 to review

ALT/GPT	60 IU/l	Review

Infection & Inflammation

1 to review

C-reactive protein	24 mg/L	Review

Nutritional Health

1 to review

Vitamin D	42 nmol/L	Borderline

SAMPLE

Full Blood Count

Haemoglobin

The oxygen-carrying protein in red blood cells. A low level is the usual definition of anaemia, which can cause tiredness and breathlessness; a high level can follow dehydration, smoking or living at altitude.



150 g/L

In range

Red Blood Count

The number of red blood cells in a given volume of blood. It is read together with haemoglobin and the cell-size measurements to work out the type of any anaemia.



5 x10^12/L

In range

HCT

The proportion of your blood that is made up of red cells. It rises with dehydration and falls in anaemia, and moves in step with haemoglobin.

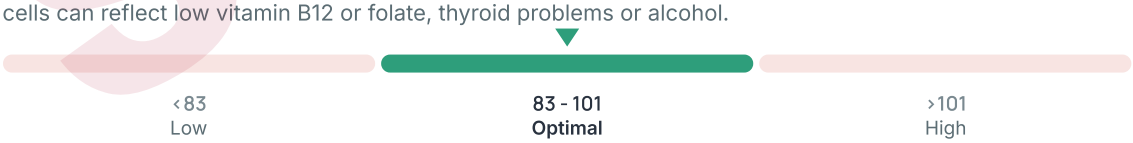


0.45 l/l

In range

MCV

The average size of your red blood cells. Small cells often point to iron deficiency; large cells can reflect low vitamin B12 or folate, thyroid problems or alcohol.

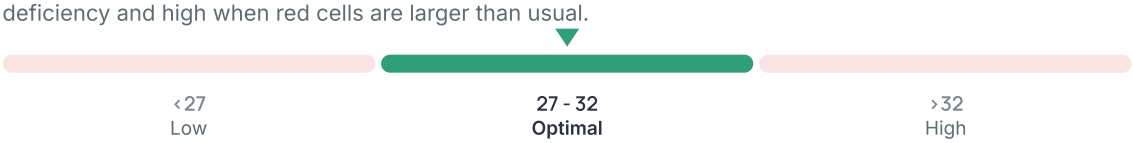


92 fl

In range

MCH

The average amount of haemoglobin inside each red cell. It tends to be low in iron deficiency and high when red cells are larger than usual.



30 pg

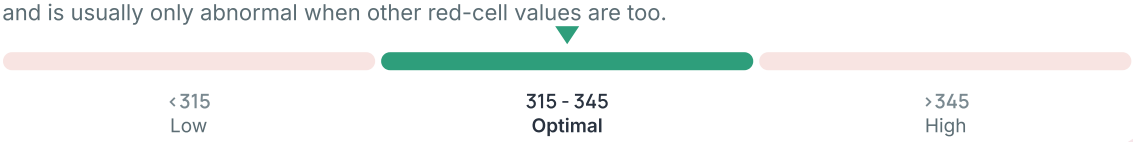
In range

SAMPLE

Full Blood Count (continued)

MCHC

How concentrated the haemoglobin is within your red cells. It helps classify an anaemia and is usually only abnormal when other red-cell values are too.

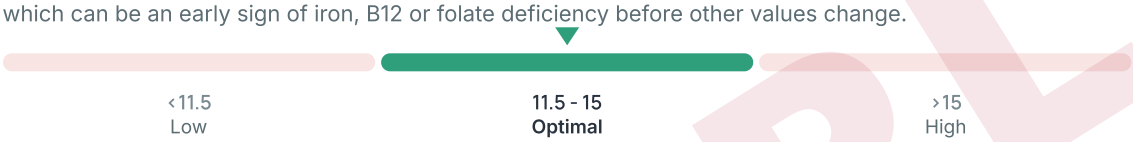


330 g/L

In range

RDW

How much your red blood cells vary in size. A high value means a wide mix of sizes, which can be an early sign of iron, B12 or folate deficiency before other values change.



13.3 %

In range

Platelets

Small cell fragments that help blood to clot. A low count can increase bruising or bleeding; a high count is often a temporary reaction to infection, inflammation or iron deficiency.

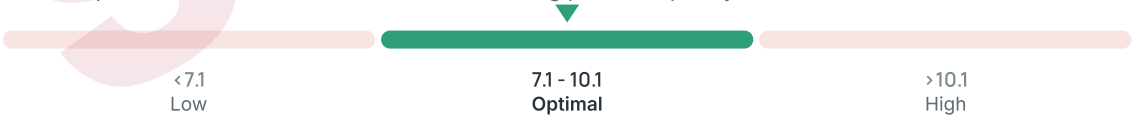


280 x10^9/L

In range

MPV

The average size of your platelets. Larger platelets are usually younger ones, so the value helps show whether the bone marrow is making platelets quickly.



8.6 fL

In range

White cell count

The total number of white blood cells, the cells of the immune system. It rises with infection, inflammation, stress and smoking, and can fall with viral infections, some medicines or low B12 and folate.



7 x10^9/L

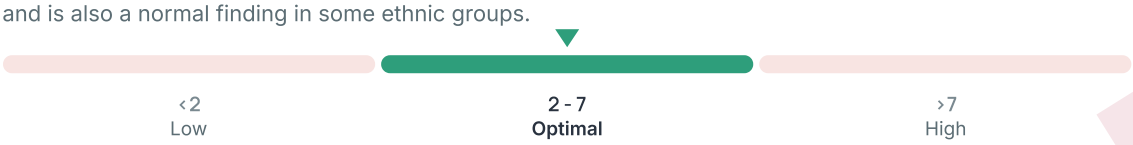
In range

SAMPLE

Full Blood Count (continued)

Neutrophils

The most numerous white cells and the first responders to bacterial infection. They rise with infection, inflammation and steroid medicines; a low count can follow a viral illness and is also a normal finding in some ethnic groups.

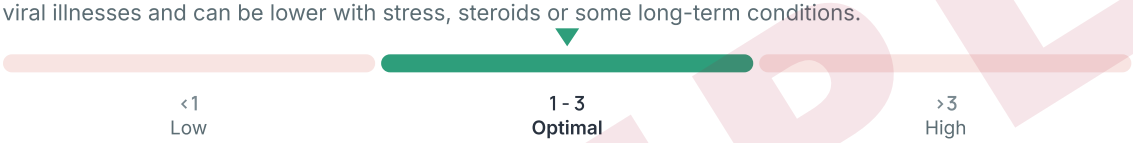


4.5 x10^9/L

In range

Lymphocytes

White cells that fight viral infections and make antibodies. They rise during and after viral illnesses and can be lower with stress, steroids or some long-term conditions.



2 x10^9/L

In range

Monocytes

White cells that clear up damaged tissue and long-lasting infections. A mild rise is common during recovery from an infection or with ongoing inflammation.



0.6 x10^9/L

In range

Eosinophils

White cells involved in allergy and in the response to parasites. A raised count is often seen with hay fever, asthma, eczema or certain medicines.

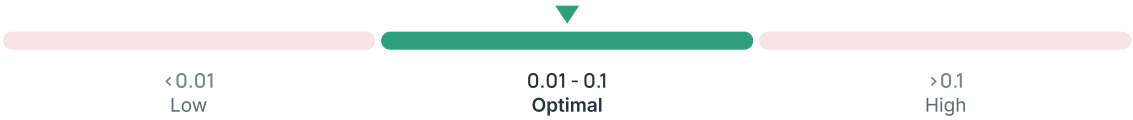


0.26 x10^9/L

In range

Basophils

The least common white cell, involved in allergic reactions. The count is rarely abnormal on its own and is read with the rest of the blood count.



0.06 x10^9/L

In range

SAMPLE

Iron Status

Ferritin

The body's iron store. A low ferritin is the most reliable sign of iron deficiency; a high one can mean iron overload but more often simply reflects inflammation, infection, liver strain or alcohol, as ferritin rises with all of these.

18 ng/ml

Review

<22	22 - 322	>322
Low	Optimal	High

SAMPLE

Heart Health

Cholesterol

The total amount of cholesterol in your blood, from all types of lipoprotein. It is a starting point; the LDL, HDL and non-HDL figures below say more about your actual risk.

No reference range — value shown for information

5.1 mmol/l

Recorded

Triglyceride

The main form of fat in the blood, from food and from the liver. High levels raise heart risk and are driven by sugar, alcohol, excess weight and diabetes; a recent meal raises them too, so timing matters.



0.94 mmol/L

In range

HDL Cholesterol

The “good” cholesterol that carries cholesterol away from the arteries. Higher levels are protective; exercise, not smoking and a healthy weight all raise it.

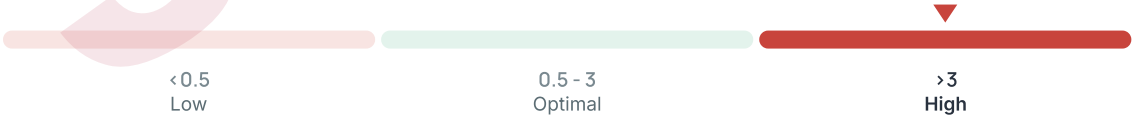


1.15 mmol/L

In range

LDL Cholesterol

The “bad” cholesterol that builds up in artery walls. Lowering it, by lifestyle or medicines, reduces the risk of heart attack and stroke, and the target depends on your overall risk.



3.4 mmol/l

Review

Non- HDL Cholesterol

Total cholesterol minus HDL, so everything that is potentially harmful in one number. Many guidelines now use it instead of LDL because it does not need a fasting sample.



2.2 mmol/l

In range

SAMPLE

Diabetes Health

HbA1c

The proportion of haemoglobin with sugar attached, which reflects your average blood sugar over the last two to three months. It is the main test for diagnosing and monitoring diabetes and is not affected by a recent meal.

31
mmol/mol

In range



SAMPLE

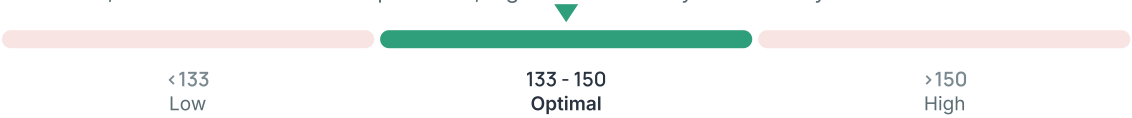
Kidney Health

Sodium

The main salt in your blood, closely tied to water balance. Low sodium can follow some medicines, excess fluid or hormone problems; high sodium usually means dehydration.

142 mmol/L

In range



Potassium

A mineral essential for nerve and heart rhythm. It is affected by kidney function and several blood-pressure medicines; a high result on a delayed or difficult sample is often a lab artefact and simply needs repeating.

4.45 mmol/L

In range

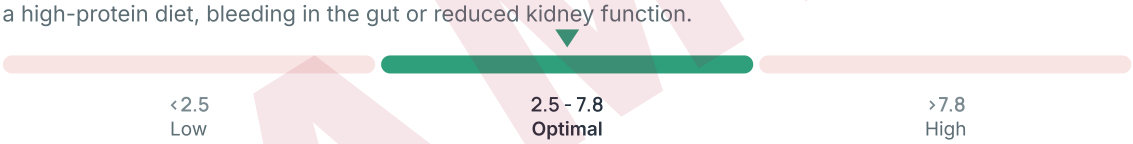


Urea

A waste product of protein breakdown cleared by the kidneys. It rises with dehydration, a high-protein diet, bleeding in the gut or reduced kidney function.

5.2 mmol/L

In range

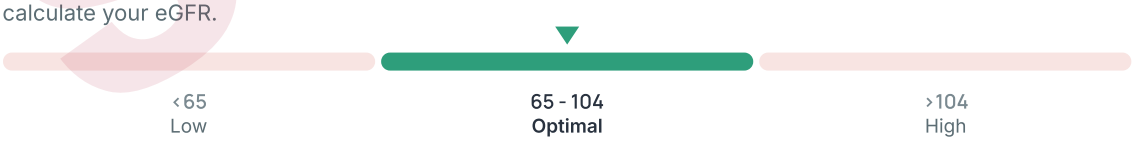


Creatinine

A waste product from muscle that the kidneys filter out at a steady rate, making it the standard measure of kidney function. Muscular people run higher values; it is used to calculate your eGFR.

85 umol/l

In range



estimated GFR

An estimate of how many millilitres of blood your kidneys filter each minute, calculated from creatinine, age and sex. Values above 90 are normal; a value that stays below 60 on repeat testing defines chronic kidney disease.

›90 ml/min/1.73m2

In range



SAMPLE

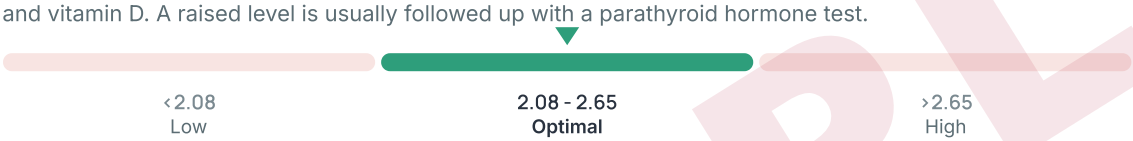
Kidney Health (continued)

Calcium

Essential for bones, muscles and nerves, and tightly regulated by the parathyroid glands and vitamin D. A raised level is usually followed up with a parathyroid hormone test.

2.37 mmol/l

In range

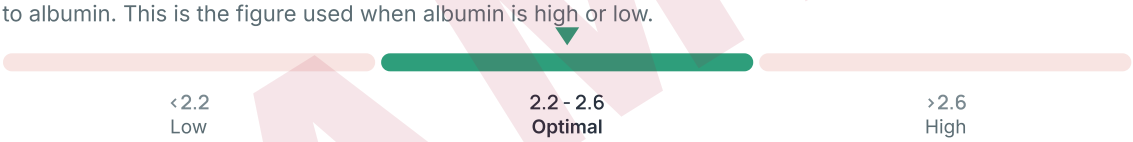


Corrected Calcium

Calcium adjusted for your albumin level, because part of the calcium in blood is bound to albumin. This is the figure used when albumin is high or low.

2.4 mmol/L

In range

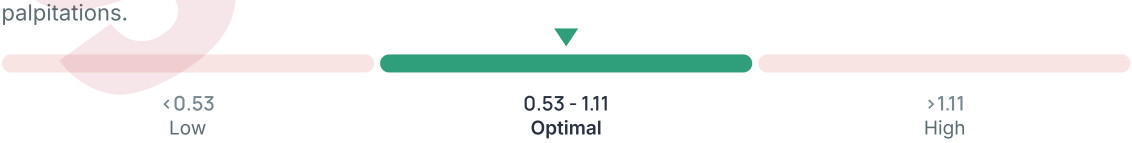


Magnesium

Needed for muscle, nerve and heart rhythm. Low levels can occur with diarrhoea, alcohol, some stomach-acid tablets and diuretics, and may cause cramps or palpitations.

0.82 mmol/l

In range



SAMPLE

Liver Health

Total Protein

All the protein in your blood, mainly albumin and globulins. It is a general check that is interpreted through its two components.



70 g/l

In range

Albumin

The main protein made by the liver. It keeps fluid in the bloodstream and carries hormones and medicines. Low levels occur with liver disease, kidney protein loss, inflammation or poor nutrition; a high value usually just reflects dehydration.

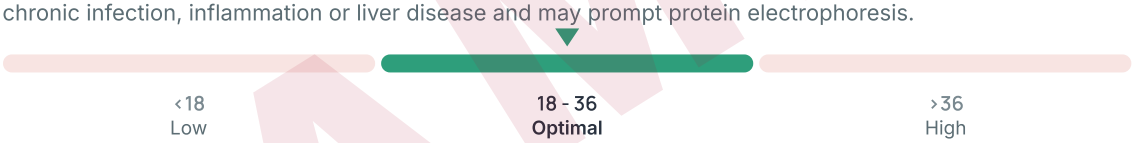


42 g/l

In range

Globulin

The non-albumin proteins, which include the antibodies. A raised globulin can reflect chronic infection, inflammation or liver disease and may prompt protein electrophoresis.



27 g/l

In range

Total Bilirubin

The yellow pigment made when old red cells are broken down and cleared by the liver. A mild isolated rise is most often Gilbert's syndrome, a harmless inherited trait; higher levels cause jaundice.



13 umol/l

In range

Alkaline phosphatase

An enzyme from the bile ducts and from bone. A raised level can come from either, so it is read with GGT: a raised GGT points to the liver, a normal GGT to bone or, in children and pregnancy, to normal growth.



81 IU/l

In range

SAMPLE

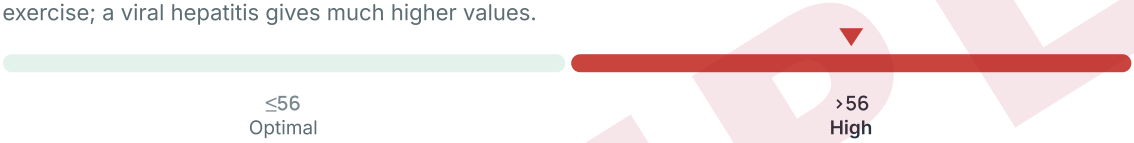
Liver Health (continued)

ALT/GPT

An enzyme found mainly in liver cells and released when they are irritated. The commonest causes of a mild rise are fatty liver, alcohol, medicines and recent hard exercise; a viral hepatitis gives much higher values.

60 IU/l

Review



AST/GOT

An enzyme found in the liver and also in muscle and heart. It is read with ALT; a rise with a normal ALT often comes from muscle rather than liver.

29 IU/l

In range

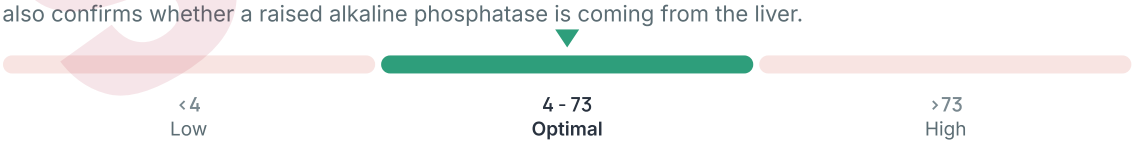


Gamma GT

A liver enzyme that is particularly sensitive to alcohol, fatty liver and some medicines. It also confirms whether a raised alkaline phosphatase is coming from the liver.

39 IU/l

In range



SAMPLE

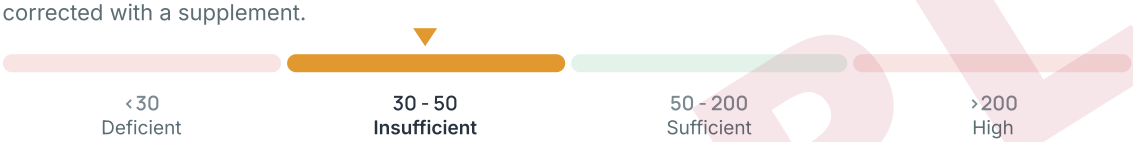
Nutritional Health

Vitamin D

Made in the skin from sunlight and needed for bone, muscle and immune health. Low levels are very common in the UK, especially in winter and in darker skin, and are easily corrected with a supplement.

42 nmol/L

Borderline



Vitamin B12

Needed to make red cells and keep nerves healthy. Deficiency causes tiredness, pins and needles and memory problems and is commoner in vegans, older people and those on metformin or acid-suppressing tablets. A high level usually reflects supplements.

588 pg/ml

In range



Serum Folate (Vitamin B9)

A B vitamin from leafy vegetables and fortified foods that is needed to make red cells. Low levels reflect recent diet, alcohol or absorption problems and are important before and during pregnancy.

10 ng/ml

In range



SAMPLE

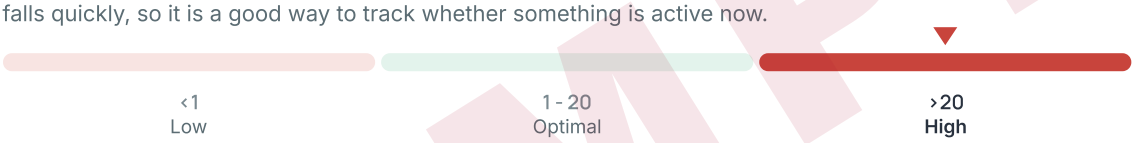
Infection & Inflammation

C-reactive protein

A protein the liver makes within hours of infection, injury or inflammation. It rises and falls quickly, so it is a good way to track whether something is active now.

24 mg/L

Review

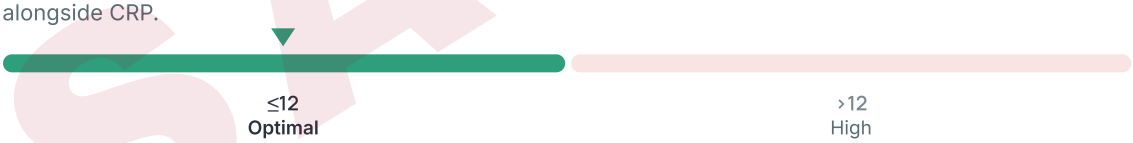


ESR

How quickly red cells settle in a tube over an hour. It rises with inflammation, infection and some blood-protein changes, and also drifts up with age, so it is interpreted alongside CRP.

7 mm/hour

In range



SAMPLE

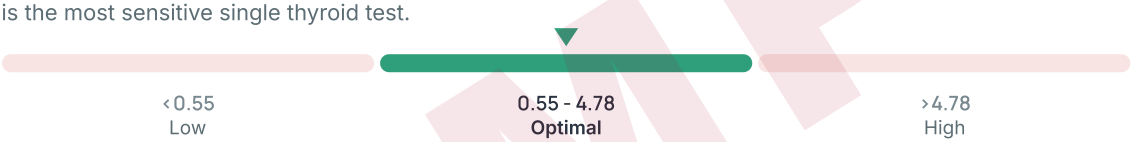
Thyroid Health

Thyroid Stimulating Hormone

The pituitary signal that drives the thyroid. It moves in the opposite direction to thyroid hormone: a high TSH suggests an underactive thyroid, a low TSH an overactive one. It is the most sensitive single thyroid test.

2.7 mIU/l

In range



Free Thyroxine

The main hormone the thyroid produces, measured in its active unbound form. Read with TSH: low with a high TSH confirms an underactive thyroid; high with a low TSH confirms an overactive one.

17 pmol/l

In range



SAMPLE

♂ Male Hormonal Health

Testosterone

The main male sex hormone, also present in women. In men it is measured on a morning sample because levels fall through the day; a low result should be repeated before any diagnosis. In women a raised level is assessed with SHBG and the free androgen index.

19 nmol/L

In range



Sex Hormone Binding Globulin

The protein that carries testosterone and oestrogen in the blood. A high SHBG, as with the pill, thyroid overactivity or ageing, lowers usable testosterone; a low SHBG goes with insulin resistance and PCOS.

42 nmol/l

In range



SAMPLE

Other Results

Free T3

The most active thyroid hormone, made from T4 in the tissues. It is most useful for confirming an overactive thyroid and in people on treatment.

4.9 pmol/L

In range

<2.6	2.6 - 7.1	>7.1
Low	**Optimal**	High

SAMPLE

Results for Your Doctor

A complete list of your results in a clinical format. Values outside the reference range are shown in red.

In range · Borderline · Out of range / positive

Test	Result	Units	Reference range
Full Blood Count			
Haemoglobin	**150**	g/L	<130 Low 130 - 170 Optimal >170 High
Red Blood Count	**5**	x10^12/L	<4.5 Low 4.5 - 5.5 Optimal >5.5 High
HCT	**0.45**	l/l	<0.4 Low 0.4 - 0.5 Optimal >0.5 High
MCV	**92**	fl	<83 Low 83 - 101 Optimal >101 High
MCH	**30**	pg	<27 Low 27 - 32 Optimal >32 High
MCHC	**330**	g/L	<315 Low 315 - 345 Optimal >345 High
RDW	**13.3**	%	<11.5 Low 11.5 - 15 Optimal >15 High
Platelets	**280**	x10^9/L	<150 Low 150 - 410 Optimal >410 High
MPV	**8.6**	fL	<7.1 Low 7.1 - 10.1 Optimal >10.1 High
White cell count	**7**	x10^9/L	<4 Low 4 - 10 Optimal >10 High
Neutrophils	**4.5**	x10^9/L	<2 Low 2 - 7 Optimal >7 High

SAMPLE

Results for Your Doctor (continued)

In range · Borderline · Out of range / positive

Test	Result	Units	Reference range
Lymphocytes	2	x10^9/L	<1 Low 1 - 3 Optimal >3 High
Monocytes	0.6	x10^9/L	<0.2 Low 0.2 - 1 Optimal >1 High
Eosinophils	0.26	x10^9/L	<0.02 Low 0.02 - 0.5 Optimal >0.5 High
Basophils	0.06	x10^9/L	<0.01 Low 0.01 - 0.1 Optimal >0.1 High
Iron Status			
Ferritin	18	ng/ml	<22 Low 22 - 322 Optimal >322 High
Heart Health			
Cholesterol	5.1	mmol/l	—
Triglyceride	0.94	mmol/L	≤1.7 Optimal >1.7 High
HDL Cholesterol	1.15	mmol/L	<0.9 Low ≥0.9 Optimal
LDL Cholesterol	3.4	mmol/l	<0.5 Low 0.5 - 3 Optimal >3 High
Non- HDL Cholesterol	2.2	mmol/l	≤4 Optimal >4 High
Diabetes Health			
HbA1c	31	mmol/mol	<20 Low 20 - 42 Optimal >42 High
Kidney Health			
Sodium	142	mmol/L	<133 Low 133 - 150 Optimal >150 High

SAMPLE

Results for Your Doctor (continued)

In range · Borderline · Out of range / positive

Test	Result	Units	Reference range
Potassium	4.45	mmol/L	<3.3 Low 3.3 - 5.6 Optimal >5.6 High
Urea	5.2	mmol/L	<2.5 Low 2.5 - 7.8 Optimal >7.8 High
Creatinine	85	umol/l	<65 Low 65 - 104 Optimal >104 High
estimated GFR	>90	ml/min/1.73m2	<90 Low ≥90 Optimal
Calcium	2.37	mmol/l	<2.08 Low 2.08 - 2.65 Optimal >2.65 High
Corrected Calcium	2.4	mmol/L	<2.2 Low 2.2 - 2.6 Optimal >2.6 High
Magnesium	0.82	mmol/l	<0.53 Low 0.53 - 1.11 Optimal >1.11 High
Liver Health			
Total Protein	70	g/l	<57 Low 57 - 82 Optimal >82 High
Albumin	42	g/l	<34 Low 34 - 50 Optimal >50 High
Globulin	27	g/l	<18 Low 18 - 36 Optimal >36 High
Total Bilirubin	13	umol/l	<5 Low 5 - 21 Optimal >21 High
Alkaline phosphatase	81	IU/l	<46 Low 46 - 116 Optimal >116 High

SAMPLE

Results for Your Doctor (continued)

In range · Borderline · Out of range / positive

Test	Result	Units	Reference range
ALT/GPT	60	IU/l	≤56 Optimal >56 High
AST/GOT	29	IU/l	<13 Low 13 - 45 Optimal >45 High
Gamma GT	39	IU/l	<4 Low 4 - 73 Optimal >73 High
Nutritional Health			
Vitamin D	42	nmol/L	<30 Deficient 30 - 50 Insufficient 50 - 200 Sufficient >200 High
Vitamin B12	588	pg/ml	<193 Low 193 - 982 Optimal >982 High
Serum Folate (Vitamin B9)	10	ng/ml	<3 Low 3 - 17 Optimal >17 High
Infection & Inflammation			
C-reactive protein	24	mg/L	<1 Low 1 - 20 Optimal >20 High
ESR	7	mm/hour	≤12 Optimal >12 High
Thyroid Health			
Thyroid Stimulating Hormone	2.7	mIU/l	<0.55 Low 0.55 - 4.78 Optimal >4.78 High
Free Thyroxine	17	pmol/l	<11.5 Low 11.5 - 22.7 Optimal >22.7 High
Male Hormonal Health			
Testosterone	19	nmol/L	<8.4 Low 8.4 - 28.7 Optimal >28.7 High

SAMPLE

Results for Your Doctor (continued)

In range · Borderline · Out of range / positive

Test	Result	Units	Reference range
Sex Hormone Binding Globulin	**42**	nmol/l	<17.3 Low 17.3 - 65.8 Optimal >65.8 High
Other Results			
Free T3	**4.9**	pmol/L	<2.6 Low 2.6 - 7.1 Optimal >7.1 High

SAMPLE

Doctor's Review

Doctor's review

Reviewed by: Dr Ibrar Ahmed, MBChB MRCP MRCGP PhD PG Dip. Cardiology (GMC 4401399)

✓ Reviewed & approved for release by Dr Ibrar Ahmed (GMC 4401399) — 25 Jul 2026 00:44

Comments / recommended next steps:

SAMPLE

Signature

Date

This report is provided by OneMedicine Ltd. Samples are analysed by UKAS-accredited, ISO 15189 laboratories. Reference ranges are population guides and may vary with age, sex, ethnicity, medication and clinical context; they are not diagnostic thresholds. This report does not replace a consultation, please discuss your results with a Doctor. Book at onemedicine.co.uk or call 07 777 238 999. © 2026 OneMedicine Ltd.

Test Glossary

What each test in this report measures, in alphabetical order. The same explanation appears beside each result.

Albumin

The main protein made by the liver. It keeps fluid in the bloodstream and carries hormones and medicines. Low levels occur with liver disease, kidney protein loss, inflammation or poor nutrition; a high value usually just reflects dehydration.

Alkaline phosphatase

An enzyme from the bile ducts and from bone. A raised level can come from either, so it is read with GGT: a raised GGT points to the liver, a normal GGT to bone or, in children and pregnancy, to normal growth.

ALT/GPT

An enzyme found mainly in liver cells and released when they are irritated. The commonest causes of a mild rise are fatty liver, alcohol, medicines and recent hard exercise; a viral hepatitis gives much higher values.

AST/GOT

An enzyme found in the liver and also in muscle and heart. It is read with ALT; a rise with a normal ALT often comes from muscle rather than liver.

Basophils

The least common white cell, involved in allergic reactions. The count is rarely abnormal on its own and is read with the rest of the blood count.

C-reactive protein

A protein the liver makes within hours of infection, injury or inflammation. It rises and falls quickly, so it is a good way to track whether something is active now.

Calcium

Essential for bones, muscles and nerves, and tightly regulated by the parathyroid glands and vitamin D. A raised level is usually followed up with a parathyroid hormone test.

Cholesterol

The total amount of cholesterol in your blood, from all types of lipoprotein. It is a starting point; the LDL, HDL and non-HDL figures below say more about your actual risk.

Corrected Calcium

Calcium adjusted for your albumin level, because part of the calcium in blood is bound to albumin. This is the figure used when albumin is high or low.

Creatinine

A waste product from muscle that the kidneys filter out at a steady rate, making it the standard measure of kidney function. Muscular people run higher values; it is used to calculate your eGFR.

Eosinophils

White cells involved in allergy and in the response to parasites. A raised count is often seen with hay fever, asthma, eczema or certain medicines.

ESR

How quickly red cells settle in a tube over an hour. It rises with inflammation, infection and some blood-protein changes, and also drifts up with age, so it is interpreted alongside CRP.

estimated GFR

An estimate of how many millilitres of blood your kidneys filter each minute, calculated from creatinine, age and sex. Values above 90 are normal; a value that stays below 60 on repeat testing defines chronic kidney disease.

Ferritin

The body's iron store. A low ferritin is the most reliable sign of iron deficiency; a high one can mean iron overload but more often simply reflects inflammation, infection, liver strain or alcohol, as ferritin rises with all of these.

Free T3

The most active thyroid hormone, made from T4 in the tissues. It is most useful for confirming an overactive thyroid and in people on treatment.

Free Thyroxine

The main hormone the thyroid produces, measured in its active unbound form. Read with TSH: low with a high TSH confirms an underactive thyroid; high with a low TSH confirms an overactive one.

Gamma GT

A liver enzyme that is particularly sensitive to alcohol, fatty liver and some medicines. It also confirms whether a raised alkaline phosphatase is coming from the liver.

Globulin

The non-albumin proteins, which include the antibodies. A raised globulin can reflect chronic infection, inflammation or liver disease and may prompt protein electrophoresis.

SAMPLE

Test Glossary (continued)

Haemoglobin
The oxygen-carrying protein in red blood cells. A low level is the usual definition of anaemia, which can cause tiredness and breathlessness; a high level can follow dehydration, smoking or living at altitude.

HbA1c
The proportion of haemoglobin with sugar attached, which reflects your average blood sugar over the last two to three months. It is the main test for diagnosing and monitoring diabetes and is not affected by a recent meal.

HCT
The proportion of your blood that is made up of red cells. It rises with dehydration and falls in anaemia, and moves in step with haemoglobin.

HDL Cholesterol
The “good” cholesterol that carries cholesterol away from the arteries. Higher levels are protective; exercise, not smoking and a healthy weight all raise it.

LDL Cholesterol
The “bad” cholesterol that builds up in artery walls. Lowering it, by lifestyle or medicines, reduces the risk of heart attack and stroke, and the target depends on your overall risk.

Lymphocytes
White cells that fight viral infections and make antibodies. They rise during and after viral illnesses and can be lower with stress, steroids or some long-term conditions.

Magnesium
Needed for muscle, nerve and heart rhythm. Low levels can occur with diarrhoea, alcohol, some stomach-acid tablets and diuretics, and may cause cramps or palpitations.

MCH
The average amount of haemoglobin inside each red cell. It tends to be low in iron deficiency and high when red cells are larger than usual.

MCHC
How concentrated the haemoglobin is within your red cells. It helps classify an anaemia and is usually only abnormal when other red-cell values are too.

MCV
The average size of your red blood cells. Small cells often point to iron deficiency; large cells can reflect low vitamin B12 or folate, thyroid problems or alcohol.

Monocytes
White cells that clear up damaged tissue and long-lasting infections. A mild rise is common during recovery from an infection or with ongoing inflammation.

MPV
The average size of your platelets. Larger platelets are usually younger ones, so the value helps show whether the bone marrow is making platelets quickly.

Neutrophils
The most numerous white cells and the first responders to bacterial infection. They rise with infection, inflammation and steroid medicines; a low count can follow a viral illness and is also a normal finding in some ethnic groups.

Non- HDL Cholesterol
Total cholesterol minus HDL, so everything that is potentially harmful in one number. Many guidelines now use it instead of LDL because it does not need a fasting sample.

Platelets
Small cell fragments that help blood to clot. A low count can increase bruising or bleeding; a high count is often a temporary reaction to infection, inflammation or iron deficiency.

Potassium
A mineral essential for nerve and heart rhythm. It is affected by kidney function and several blood-pressure medicines; a high result on a delayed or difficult sample is often a lab artefact and simply needs repeating.

RDW
How much your red blood cells vary in size. A high value means a wide mix of sizes, which can be an early sign of iron, B12 or folate deficiency before other values change.

Red Blood Count
The number of red blood cells in a given volume of blood. It is read together with haemoglobin and the cell-size measurements to work out the type of any anaemia.

Serum Folate (Vitamin B9)
A B vitamin from leafy vegetables and fortified foods that is needed to make red cells. Low levels reflect recent diet, alcohol or absorption problems and are important before and during pregnancy.

Sex Hormone Binding Globulin
The protein that carries testosterone and oestrogen in the blood. A high SHBG, as with the pill, thyroid overactivity or ageing, lowers usable testosterone; a low SHBG goes with insulin resistance and PCOS.

SAMPLE

Test Glossary (continued)

Sodium
The main salt in your blood, closely tied to water balance. Low sodium can follow some medicines, excess fluid or hormone problems; high sodium usually means dehydration.

Testosterone
The main male sex hormone, also present in women. In men it is measured on a morning sample because levels fall through the day; a low result should be repeated before any diagnosis. In women a raised level is assessed with SHBG and the free androgen index.

Thyroid Stimulating Hormone
The pituitary signal that drives the thyroid. It moves in the opposite direction to thyroid hormone: a high TSH suggests an underactive thyroid, a low TSH an overactive one. It is the most sensitive single thyroid test.

Total Bilirubin
The yellow pigment made when old red cells are broken down and cleared by the liver. A mild isolated rise is most often Gilbert's syndrome, a harmless inherited trait; higher levels cause jaundice.

Total Protein
All the protein in your blood, mainly albumin and globulins. It is a general check that is interpreted through its two components.

Triglyceride
The main form of fat in the blood, from food and from the liver. High levels raise heart risk and are driven by sugar, alcohol, excess weight and diabetes; a recent meal raises them too, so timing matters.

Urea
A waste product of protein breakdown cleared by the kidneys. It rises with dehydration, a high-protein diet, bleeding in the gut or reduced kidney function.

Vitamin B12
Needed to make red cells and keep nerves healthy. Deficiency causes tiredness, pins and needles and memory problems and is commoner in vegans, older people and those on metformin or acid-suppressing tablets. A high level usually reflects supplements.

Vitamin D
Made in the skin from sunlight and needed for bone, muscle and immune health. Low levels are very common in the UK, especially in winter and in darker skin, and are easily corrected with a supplement.

White cell count
The total number of white blood cells, the cells of the immune system. It rises with infection, inflammation, stress and smoking, and can fall with viral infections, some medicines or low B12 and folate.

SAMPLE

GOT YOUR RESULTS?

What next?

Your results have been reviewed by our doctor. If anything in this report is unclear, or a result has been marked for review, you can talk it through with a GP at a time that suits you. Scan a code or use the link to pick a time.

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£45

From home, by secure video call or phone. Go through your results, ask questions and agree any next steps.

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Prefer to call? **07 777 238 999** · quote your name and the report date on the cover so we can bring your results up straight away. Appointments are bookable online 24 hours a day; times shown are the next available.

SAMPLE