MIND System

BLOOD WORK · AFTER FORTY

THE 40+ BLOOD PANEL

The tests to talk to your doctor about after forty, what each one is for, and what Ontario pays for.

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Founder, MIND System

FORGED. NOT FIXED.

START HERE

HOW TO USE THIS

This is a list of blood tests to discuss with your doctor. It is not a diagnosis, it is not a treatment plan, and it is not a list to hand over and expect signed.

Four steps

- Book a regular appointment with your family doctor or nurse practitioner. In Ontario only a physician, a nurse practitioner or a midwife can order lab work, so there is no way around this step and no need to look for one.[1]
- Bring this document. Tell them what you are training for and what has changed.
- Ask which of these fit **your** risk, your history and your symptoms. Some will fit. Some will not, and the page near the back explains where your doctor has a published reason to say no.
- Bring the results back to Tyson. He builds your training, food, sleep and stress work around what they show.

Who reads the results

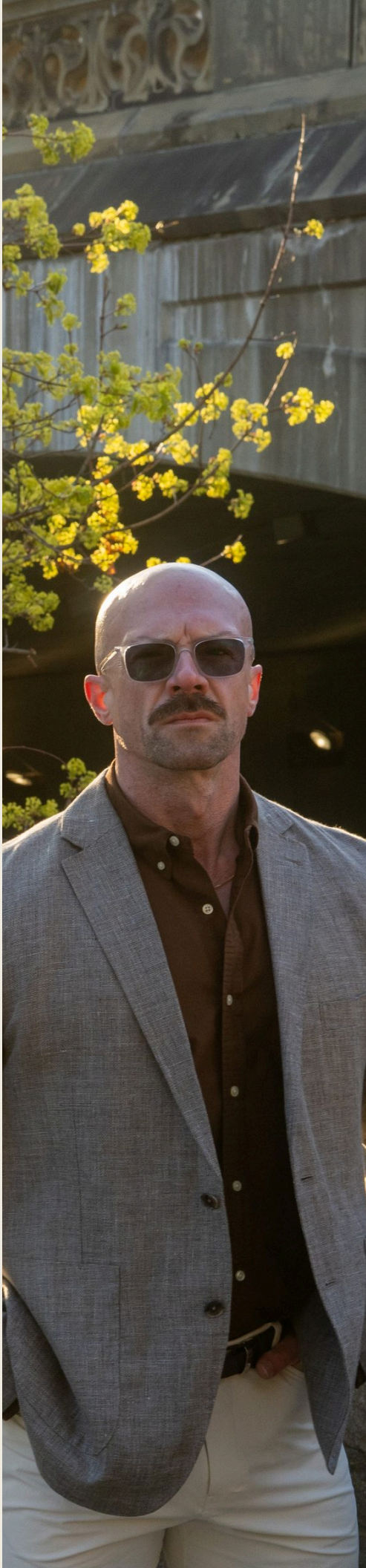
Your doctor reads them and tells you what they mean for your health. Tyson uses them to decide how hard to train you, what to aim for with food and sleep, and when to send you back to your doctor.

WHERE THE COACH STOPS

Tyson is a coach, not a doctor. We show you what your numbers are and where they sit against the reference range for your age. That is information, not advice. Your requisition, your results, and anything you decide to do about them stay between you and your physician.

One thing to know before you ask

Canadian family medicine does not recommend a broad annual blood panel for someone with no symptoms and no risk factors.[2] That is not a reason to skip your bloods. It is the reason this document is written as a conversation rather than a shopping list. The tests that earn their place are the ones that match something real about you.



WHAT IS IN IT

ONE PANEL, FIVE JOBS

Blood work is not one test. It is five groups of tests answering five different questions, and most of a panel's value comes from two of them.

34 TESTS IN ONE REQUISITION

TESTS PER GROUP. BAR LENGTH IS THE NUMBER OF TESTS, NOT THEIR IMPORTANCE.

ONE PANEL, TWO PEOPLE

A WOMAN AND A MAN

Mostly the same panel, with a small number of differences that matter. The Canadian heart guideline screens women and men on the same schedule from forty.[3] The hormone group is where the two diverge.

27 TESTS

BOTH

Full lipid panel
Non-HDL cholesterol
ApoB
Lipoprotein(a)
HbA1c
Fasting glucose
Fasting insulin
hs-CRP
Creatinine and eGFR
DHEA-S
Morning cortisol
TSH
Free T4
Free T3
TPO antibodies
Complete blood count
Ferritin
Iron studies
ALT
GGT
Albumin
ESR
Vitamin D (25-OH)
Vitamin B12
Serum folate
Calcium
Magnesium

4 TESTS

MEN ONLY

Total testosterone
Free testosterone
SHBG
Prolactin

3 TESTS

WOMEN ONLY

Estradiol
FSH
Progesterone

SHARED CORE, AND THE TESTS THAT APPLY TO ONE OR THE OTHER.

Two differences are worth naming now, because they change what is worth asking for. For a woman between 45 and 60, the menopause guideline says perimenopause is identified from symptoms and cycle pattern rather than from a blood test, and it names several hormone tests not to use for that question.[4] What IS worth measuring in those years is the heart and metabolism group, because the menopause transition drives a real rise in the cholesterol markers.[3]

For a man, testosterone is the test most asked about and the one most often collected wrongly. It wants a morning draw between 7 and 11 am, and that stays true into your seventies.[5]

BEFORE YOU GO

WHAT ONTARIO PAYS FOR

Most of this panel is covered. A handful of tests are not, and knowing which before you are standing at the counter is the difference between a useful appointment and an unexpected bill.

Covered by OHIP	29 OF 34
Covered when your doctor has a reason	3 OF 34
You pay at the lab	1 OF 34
Ask your lab	1 OF 34

COVERAGE AS OF THE APRIL 2026 ONTARIO SCHEDULE. CONFIRM AT THE LAB.

Two rules worth knowing

- **Some tests are covered only if you have a specific condition.** Vitamin D is covered for osteoporosis, rickets, osteopenia, malabsorption, kidney disease or certain medications, and not otherwise.[1]
- **Ontario will not pay for ferritin and a full iron panel on the same requisition.** The schedule says so outright, so it is a conversation about which one fits you.[1]

THE BLOOD DRAW ITSELF

If your requisition carries at least one covered test, the collection fee is covered too.[1] You do not pay to have blood taken.

THE PANEL

Tick the ones you and your doctor agree on. Coverage is what OHIP pays for as of April 2026 and it can change, so confirm at the lab.[1]

TEST	MEN	WOMEN	COVERAGE	BEFORE THE DRAW
HEART AND METABOLISM				
Full lipid panel (Total, LDL, HDL, triglycerides, non-HDL)	☐	☐	OHIP	No fast needed
Non-HDL cholesterol (Already on your report)	☐	☐	OHIP	No fast needed
ApoB (Particle count)	☐	☐	OHIP	No fast needed
Lipoprotein(a) (Lp(a), once in your life)	☐	☐	OHIP	Once, ever
HbA1c (Three-month average blood sugar)	☐	☐	OHIP	Any time
Fasting glucose	☐	☐	OHIP	8 hour fast
Fasting insulin (Not a standard screen)	☐	☐	OHIP	8 hour fast
hs-CRP (High-sensitivity C-reactive protein)	☐	☐	Ask your lab	Clear of training
Creatinine and eGFR (Kidney filtering)	☐	☐	OHIP	Clear of training
HORMONES				
Total testosterone	☐	☐	OHIP	7 to 11 am
Free testosterone (Ask how it is measured)	☐	☐	OHIP	7 to 11 am
SHBG (Feeds the calculation above)	☐	☐	You pay	Same draw
Estradiol	☐	☐	OHIP	See note
FSH	☐	☐	OHIP	See note
Progesterone (Timing decides everything)	☐	☐	OHIP	7 days pre-period
DHEA-S	☐	☐	OHIP	Any time
Morning cortisol	☐	☐	OHIP	6 to 10 am
Prolactin	☐	☐	OHIP	Not after training

THE PANEL

TEST	MEN	WOMEN	COVERAGE	BEFORE THE DRAW
THYROID				
TSH (The one that matters)	☐	☐	OHIP	Morning
Free T4 (Follow-up, not a screen)	☐	☐	OHIP	With TSH
Free T3 (Follow-up, not a screen)	☐	☐	OHIP	With TSH
TPO antibodies (Ask once, never repeat)	☐	☐	OHIP	Once only
BLOOD, IRON AND ORGANS				
Complete blood count (CBC)	☐	☐	OHIP	Clear of training
Ferritin (Iron stores)	☐	☐	OHIP	Clear of illness
Iron studies (Iron, TIBC, saturation)	☐	☐	OHIP if indicated	Early morning
ALT (Liver enzyme)	☐	☐	OHIP	A week clear
GGT	☐	☐	OHIP	A week clear
Albumin (Not a nutrition score)	☐	☐	OHIP	Normal hydration
ESR	☐	☐	OHIP	Rarely useful
VITAMINS AND BONE				
Vitamin D (25-OH) (Ask for 25-hydroxy)	☐	☐	OHIP if indicated	You likely pay
Vitamin B12	☐	☐	OHIP	Covered
Serum folate	☐	☐	OHIP if indicated	You likely pay
Calcium (Albumin-adjusted)	☐	☐	OHIP	Covered
Magnesium	☐	☐	OHIP	Covered

IF A TEST IS NOT COVERED

Your doctor marks it uninsured on the requisition and the lab bills you directly. That is the normal process, not a problem.[1] Ask what it costs before you agree to it.

WHAT EACH TEST IS FOR

HEART AND METABOLISM

This is the group Canadian cardiology recommends by name for every adult from forty, women and men, roughly every five years.[3] If only one part of this panel gets done, it should be this one.

Full lipid panel

TOTAL, LDL, HDL, TRIGLYCERIDES, NON-HDL

The fats carried in your blood, including the kind that builds up in artery walls and the kind that carries it away.[3]

BEFORE THE DRAW Non-fasting is fine in Canada unless your triglycerides are already known to be high.

WHAT TYSON DOES WITH IT Training volume, the food pattern, and how much of your week is aerobic. The Canadian guideline names 150 minutes a week of moderate to vigorous activity plus strength work twice a week.

Non-HDL cholesterol

ALREADY ON YOUR REPORT

Total cholesterol minus the good kind, in one number covering every particle that can lodge in an artery. It is already calculated on every Canadian lipid report at no extra cost.[3]

BEFORE THE DRAW Barely moves after a meal, which is one reason it is preferred.

WHAT TYSON DOES WITH IT Nothing separate. Ask for it to be read to you, because it is free and already there.

ApoB

PARTICLE COUNT

Counts the cholesterol-carrying particles that can lodge in an artery, rather than measuring what is inside them. Preferred over LDL when triglycerides are up.[3] Ontario began covering it in April 2026.[6]

BEFORE THE DRAW Unaffected by whether you have eaten.

WHAT TYSON DOES WITH IT Same levers as the lipid panel. Worth asking about if your triglycerides run high.

Lipoprotein(a)

LP(A), ONCE IN YOUR LIFE

An inherited, sticky cholesterol particle you are largely born with. It raises heart risk independently of everything else on this page, and it is the one number here that will not change no matter what you do.[3]

BEFORE THE DRAW Not affected by fasting, age, sex, inflammation or lifestyle. One draw is enough for life.

WHAT TYSON DOES WITH IT This is the strongest card on the whole panel. A high result is a guideline-backed reason for earlier and harder work on everything you CAN change, which is the entire job.[3] It is not something to treat.

HbA1c

THREE-MONTH AVERAGE BLOOD SUGAR

Your average blood sugar over the past two to three months.[7]

BEFORE THE DRAW No fasting, any time of day. Do not repeat it inside three months, because red cells live that long and nothing will have changed.

WHAT TYSON DOES WITH IT Food pattern, aerobic and resistance work, sleep, body composition. Diabetes Canada screens adults from forty every three years.

Fasting glucose

The sugar in your blood after not eating overnight.[7]

BEFORE THE DRAW No calories for at least eight hours. Water is fine.

WHAT TYSON DOES WITH IT Same levers as HbA1c.

HEART AND METABOLISM

Fasting insulin

NOT A STANDARD SCREEN

The hormone that moves sugar out of your blood, measured fasted. Diabetes Canada's screening guidance names only fasting glucose and HbA1c, so this one sits outside the standard.[7]

BEFORE THE DRAW Same eight-hour fast, and it has to come from the same draw as the glucose if the two are being compared.

WHAT TYSON DOES WITH IT If your doctor orders it, the response is the same as for a high-normal glucose. Training, food, sleep, stress. Nothing here needs this number to happen.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

hs-CRP

HIGH-SENSITIVITY C-REACTIVE PROTEIN

Inflammation, measured sensitively enough to read the low levels linked to heart risk. It refines a risk estimate rather than screening on its own.[8]

BEFORE THE DRAW Two draws at least two weeks apart, averaged. Hard exercise pushes it above the level at which the result gets thrown out.

WHAT TYSON DOES WITH IT Get the draw conditions right so your doctor receives a usable number. Book it clear of a hard session and tell them what training you did that week.

Creatinine and eGFR

KIDNEY FILTERING

A waste product your muscles make, used to estimate how well your kidneys filter. The estimate already accounts for your age and sex.[9]

BEFORE THE DRAW Marathon running raised creatinine by about a fifth. Book clear of hard sessions.

WHAT TYSON DOES WITH IT The single most useful thing anyone does with this test, and it costs nothing: make sure your doctor knows you strength train, carry more muscle than average, eat a high-protein diet, or take creatine. The kidney guideline lists all four as things that change how the number reads.[9]

HORMONES — 9 TESTS

The group Tyson gets asked about most, and the one where a badly timed draw wastes the whole test. This is also where the guidance for women and for men pulls in opposite directions.

Total testosterone MEN

The whole amount of the main male sex hormone in your blood. Deficiency climbs steeply with age, affecting somewhere between a quarter and a half of men over seventy.[5]

BEFORE THE DRAW Morning, between 7 and 11 am. A low afternoon result is often normal by morning, and that stays true into your seventies.

WHAT TYSON DOES WITH IT Before anything else, the Canadian urology guideline lists reversible causes to address first: excess weight, extreme training loads, very low food intake, and sleep apnea.[5] Every one of those is coaching work, and it comes before any conversation about therapy.

Free testosterone MEN

ASK HOW IT IS MEASURED

The share of your testosterone not held by carrier proteins, so the part free to act. Ageing raises those carrier proteins, which can leave a normal total hiding a genuinely low free level.[10]

BEFORE THE DRAW Same morning window. How it is measured matters more than when: the calculated version is trusted, one common direct method is not.

WHAT TYSON DOES WITH IT One useful question to ask your doctor: was it calculated, or a direct assay? The endocrine guideline says not to use the direct kind.[10]

HORMONES

SHBG MEN

FEEDS THE CALCULATION ABOVE

A protein that holds onto testosterone so it cannot act. It is what the calculated free testosterone is worked out from.[10]

BEFORE THE DRAW Rides the same morning sample.

WHAT TYSON DOES WITH IT Nothing directly. Excess weight lowers it, which is context rather than a target.

Estradiol WOMEN

The main form of estrogen. For most women over 45 this is a test the guideline specifically says not to use, because perimenopause is identified from symptoms and cycle pattern rather than blood.[4]

BEFORE THE DRAW For a woman 45 or over, the menopause guideline says do not use this test to work out where you are.

WHAT TYSON DOES WITH IT Nothing. If a private hormone panel arrives from saliva or urine, the menopause society calls those unreliable and not recommended.[11]

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

FSH WOMEN

A signal from the pituitary. For women 45 and over the guideline says do not use it to identify menopause, because it swings widely from week to week. Between 40 and 45 with symptoms, a doctor may still use it.[4]

BEFORE THE DRAW Invalid if you use combined hormonal contraception or high-dose progestogen.

WHAT TYSON DOES WITH IT Nothing. Knowing the guideline exists is what stops a wasted test.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

Progesterone WOMEN

TIMING DECIDES EVERYTHING

The hormone your ovary makes after releasing an egg. Its usable job is confirming ovulation happened.[12]

BEFORE THE DRAW About seven days BEFORE your next period is due, not day 21. Day 21 is right only for a 28-day cycle, and a mistimed draw is uninterpretable rather than merely imprecise.[12]

WHAT TYSON DOES WITH IT One genuinely useful thing: help you track cycle length so the draw lands in the right week. That is scheduling, and it is the difference between a usable result and a wasted appointment.

DHEA-S

An adrenal hormone used as raw material for other sex hormones. It falls further with age than anything else on this panel, and that decline is normal ageing rather than a disease.[13]

BEFORE THE DRAW The one hormone here with no daily rhythm, so no timing rule.

WHAT TYSON DOES WITH IT Nothing, and that is the honest answer. There is no coaching action keyed to this number.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

Morning cortisol

The hormone that rises in the morning to get you going. A single random reading is not how doctors test for a cortisol problem.[14]

BEFORE THE DRAW Between 6 and 10 am. Shift work, low mood, pregnancy and estrogen-containing contraception all distort it.

WHAT TYSON DOES WITH IT This is the clearest case of the line between us. Nobody should explain your fatigue with a cortisol number. The work on those same symptoms needs no cortisol value at all: sleep regularity, training load and deloads, and how stress is being handled.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

HORMONES

Prolactin MEN

A pituitary hormone that, when high, pushes sex hormones down. It catches a treatable cause of low testosterone that the testosterone test alone would miss.[15]

BEFORE THE DRAW Any time of day, but not right after exercise, sex, or a stressful draw. All three are on the guideline's own list of things that raise it.

WHAT TYSON DOES WITH IT The one marker where scheduling actively prevents a false alarm: do not book this draw straight after a session.

THYROID — 4 TESTS

One test answers the question for almost everyone. The rest are follow-ups a doctor adds when the first one comes back abnormal, and ordering them all at once is the most common way to waste money here.

TSH

THE ONE THAT MATTERS

The signal your brain sends the thyroid. It is the single best first test for a thyroid problem in almost every situation.[16] Thyroid problems affect around one in ten Canadians over 45.

BEFORE THE DRAW Morning, and consistently if you are repeating it. It can vary by half between tests and by a quarter within one day.

WHAT TYSON DOES WITH IT Nothing diagnostic. If your doctor flags it, expect lower training tolerance for a while and we adjust load, recovery and sleep accordingly.

Free T4

FOLLOW-UP, NOT A SCREEN

The storage-form thyroid hormone. The standard second step once TSH is out of range, not a first test.[17]

BEFORE THE DRAW Run on the same sample as the TSH, after the TSH comes back abnormal.

WHAT TYSON DOES WITH IT As TSH.

Free T3

FOLLOW-UP, NOT A SCREEN

The active thyroid hormone. Guidelines are explicit that it should not be used to diagnose an underactive thyroid.[16]

BEFORE THE DRAW Added when the TSH comes back LOW, on the same sample.

WHAT TYSON DOES WITH IT One rule worth holding: hard training blocks and aggressive calorie deficits lower this number in people with a perfectly normal thyroid.[18] A low free T3 in a dieting athlete is a prompt to audit food, load and sleep, not a thyroid finding.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

THYROID

TPO antibodies

ASK ONCE, NEVER REPEAT

Immune proteins targeting the thyroid, telling you whether the immune system is the reason a thyroid problem exists. They turn up in about one in nine people generally, which is why routine testing is not recommended.[17]

BEFORE THE DRAW No fasting, no timing. The guideline says explicitly not to repeat it.

WHAT TYSON DOES WITH IT If a doctor has confirmed autoimmune thyroid disease, we build training with more day-to-day flexibility and less rigid progression. Canadian endocrinology advises against testing these routinely.[19]

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

BLOOD, IRON AND ORGANS — 7 TESTS

The everyday panel, and the group where a badly timed draw is most likely to look like a disease. Read the training page before you book any of these.

Complete blood count

CBC

Your red cells, white cells and platelets. Its main job at this age is finding and describing anaemia.[20] The threshold differs by sex: below 130 for men, below 120 for women.

BEFORE THE DRAW Hard exercise concentrates the blood and pushes the readings up for about half an hour. Endurance training dilutes it for days.

WHAT TYSON DOES WITH IT Get the timing right. If your doctor confirms a low result, we cut load and expect reduced work capacity until it is sorted.

Ferritin

IRON STORES

The protein your body stores iron inside. The catch is that the same protein rises when you are inflamed or unwell, so a normal-looking result is not always reassuring.[21]

BEFORE THE DRAW Still reads falsely high three days after a marathon. Also rises with any inflammation, which can hide a real deficiency.

WHAT TYSON DOES WITH IT Timing and referral only. Nothing about iron supplements, ever. That is a treatment decision and it is exactly where guessing could mask a bleed.

BLOOD, IRON AND ORGANS

Iron studies

IRON, TIBC, SATURATION

The iron moving in your blood right now. Ontario does not pay for this and ferritin on the same requisition, so it is a choice between them rather than both.[1] Canadian clinical chemists note a low ferritin is usually answer enough.[22]

BEFORE THE DRAW The most collection-sensitive test here. Serum iron more than halves between 9am and evening. Draw early, before food and before any iron-containing supplement.

WHAT TYSON DOES WITH IT Get the draw conditions right, which genuinely matters here, and leave the rest to your doctor.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

ALT

LIVER ENZYME

An enzyme that leaks into your blood when liver cells are stressed. The healthy range differs by sex: roughly 29 to 33 for men and 19 to 25 for women.[23]

BEFORE THE DRAW One hour of unaccustomed lifting raised liver enzymes in healthy young men for at least seven days.[24]

WHAT TYSON DOES WITH IT Make sure the draw is well clear of an unusually heavy session. If a raised result follows a hard block, take the training history to your doctor and ask whether to repeat it. Do not let anyone tell you it is only muscle.

GGT

A third liver enzyme, used alongside the others to work out where a problem sits. It is not a screening test on its own.[23]

BEFORE THE DRAW Notably, this one stayed normal in the exercise study while the others rose. That difference is useful information for your doctor.

WHAT TYSON DOES WITH IT As ALT.

Albumin

NOT A NUTRITION SCORE

The most abundant protein in your blood. It is a signal of how the body is coping with inflammation, not a measure of how much protein you eat.[25]

BEFORE THE DRAW Any active inflammation lowers it regardless of how you are eating.

WHAT TYSON DOES WITH IT Very little, and knowing that is the point. A low albumin is not a reason to change your protein intake.

ESR

How fast red cells settle in a tube, which speeds up non-specifically with inflammation. Canadian medical biochemists recommend against ordering it to screen someone with no symptoms.[26]

BEFORE THE DRAW Lags at both ends. Can read normal in the first day of an illness and stay high for days after it clears.

WHAT TYSON DOES WITH IT Nothing. It is on this page because it has long been part of the standing MIND panel, and this is the honest note about it.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

WHAT EACH TEST IS FOR

VITAMINS AND BONE

The group where Ontario coverage bites hardest and where the guidance changed recently. Read the coverage column before you ask for any of these.

Vitamin D (25-OH)

ASK FOR 25-HYDROXY

The storage form of vitamin D. The 2024 endocrine guideline suggests against routine testing in healthy adults, and Canadian family medicine says the same.[27]

BEFORE THE DRAW Ontario covers it only for osteoporosis, rickets, osteopenia, malabsorption, kidney disease, or certain medications. Otherwise you pay.

WHAT TYSON DOES WITH IT Sun exposure habits, food pattern, and impact and resistance work for bone. No doses, no supplement protocol.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

Vitamin B12

The vitamin you need to build red cells and keep nerves working. Risk rises after sixty and with metformin, acid-reducing medication, or a vegan diet.[28]

BEFORE THE DRAW Results do not correlate neatly with symptoms and there is a wide grey zone between normal and abnormal.

WHAT TYSON DOES WITH IT Note the dietary pattern, make sure your doctor knows every medication you take, and refer. No supplement, no dose.

Serum folate

A B vitamin needed to build new cells. Canada fortifies flour with it, so deficiency is uncommon and routine testing is low value.[26]

BEFORE THE DRAW Ontario covers it only when ordered by a specialist in blood or gut disorders.

WHAT TYSON DOES WITH IT Nothing. This is a candidate to drop from your requisition unless there is a specific reason.

WORTH KNOWING Guidelines question this one as a routine test. See the page headed Where your doctor may say no.

Calcium

ALBUMIN-ADJUSTED

The calcium in your blood, adjusted for the protein that carries it. It is a targeted test rather than a routine one.[29]

BEFORE THE DRAW Should be reported adjusted for albumin.

WHAT TYSON DOES WITH IT Impact and resistance training is the coaching lane for bone. The calcium number is not.

Magnesium

The magnesium circulating in your blood. Worth knowing: about 99 percent of your body's magnesium sits in bone and soft tissue, so a blood test samples a very small share of it.[30]

BEFORE THE DRAW No special conditions.

WHAT TYSON DOES WITH IT A conversation about the food pattern. No dose, no supplement.

DO NOT WASTE THE APPOINTMENT

GETTING THE DRAW RIGHT

A correct test collected wrongly gives your doctor a wrong number. These are the ways that happens.

THE WEEK BEFORE

No unusually hard or unaccustomed training. One heavy session can raise liver enzymes for seven days.

3 TO 5 DAYS

Ask your doctor whether to stop biotin supplements, and for how long.

NIGHT BEFORE

Stop eating after about 8pm if any test needs a fast. Water only. No alcohol.

MORNING OF

Go early. Hormone tests want 7 to 11am. Do not train first. Take your usual medication unless told otherwise.

AT THE LAB

Both major Ontario labs take walk-ins. Sit for a few minutes before the draw.

AFTER

Results reach your doctor in about one to two days. Book the follow-up when you book the draw.

THE WEEK AROUND YOUR BLOOD DRAW.

Tell them about biotin

Biotin is in most hair, skin and nail supplements and in many multivitamins, often at five to ten thousand micrograms against a daily need of about thirty. At those doses it interferes with many lab tests and can make thyroid results look like an overactive thyroid in someone whose thyroid is fine. Health Canada has published on it.[31]

THE ONE INSTRUCTION ON THIS PAGE

Tell the doctor ordering your tests about every supplement you take, including hair, skin and nail products and any multivitamin. Ask them whether to stop the biotin before the draw and for how long. Published advice ranges from eight hours to five days, so it is their call and not ours.

READ THIS BEFORE YOU ASK

WHERE YOUR DOCTOR MAY SAY NO

Several tests on this page have a published, evidence-based reason not to be ordered for someone with no symptoms. If your doctor declines one, they are probably following current guidance rather than cutting corners.

The ones most often declined, and why

- **A broad annual panel.** Canadian family medicine advises against annual screening bloods unless your own risk profile calls for it. False alarms lead to more tests.[2]
- **Vitamin D.** Two separate guidelines now advise against routine testing in healthy adults, and Ontario pays for it only in six specific situations.[27]
- **Thyroid screening with no symptoms.** The Canadian preventive health task force made a strong recommendation against it.[32] If you have symptoms, that is a different conversation.
- **Free T3, free T4 and thyroid antibodies up front.** These are follow-up tests once TSH comes back abnormal, not first tests.[16]
- **Testosterone with no symptoms.** The endocrine guideline advises against screening the general male population.[10] With symptoms, it is the right test.
- **ESR and serum folate.** Both are recommended against as screens for someone without symptoms.[26]
- **Reverse T3.** Not on this panel deliberately. The American Thyroid Association says it does not help decide whether a thyroid problem exists.[33]

HOW TO USE THIS WELL

Do not ask your doctor to order everything. Ask which of these fit you, and say what you are training for, what has changed, and what your family history is. That conversation is what turns a list into a panel.

BE HONEST ABOUT IT

WHAT THIS DOES NOT TELL YOU

A blood panel is one instrument. Here is what it does not see, so nobody mistakes a clean result for a clean bill of health.

THIS PANEL SPEAKS TO	IT SAYS NOTHING ABOUT
How your blood fats and blood sugar are tracking	Cancer. Bowel screening is a stool test, not blood
Whether your kidneys and liver are under strain	Bone density. That needs a DXA scan
Whether you are anaemic or low on iron stores	Plaque in your arteries. That needs imaging
Inherited heart risk you cannot change, measured once	Cognitive health. Not screened by blood in anyone without symptoms
Whether a thyroid or hormone problem is worth investigating	Sleep apnea, which needs a sleep study, and which is itself a cause of low testosterone
	Blood pressure, body composition, fitness and strength. All measured directly

BLOOD WORK COVERS THE LEFT COLUMN. THE RIGHT COLUMN NEEDS SOMETHING ELSE ENTIRELY.

Worth adding: a blood panel measures none of the things your training actually changes. Blood pressure, body composition, how much work you can do, how strong you are, and how you sleep are all measured directly, and that is where the coaching lives.

YOUR RESULTS

Fill this in when the results come back, and bring it to your next session. A single reading is a dot. Two readings are a direction.

TEST	DATE	RESULT	NEXT DRAW
Full lipid panel			
Non-HDL cholesterol			
ApoB			
Lipoprotein(a)			
HbA1c			
Fasting glucose			
Fasting insulin			
hs-CRP			
Creatinine and eGFR			
Total testosterone			
Free testosterone			
SHBG			
Estradiol			
FSH			
Progesterone			
DHEA-S			
Morning cortisol			

KEEP THE NUMBERS · 2 OF 2

YOUR RESULTS

TEST	DATE	RESULT	NEXT DRAW
Prolactin			
TSH			
Free T4			
Free T3			
TPO antibodies			
Complete blood count			
Ferritin			
Iron studies			
ALT			
GGT			
Albumin			
ESR			
Vitamin D (25–OH)			
Vitamin B12			
Serum folate			
Calcium			
Magnesium			

EVERY CLAIM, SOURCED

WHERE THIS COMES FROM

Guideline positions and coverage rules change. Each entry carries the document it came from so you or your doctor can check it.

1 Ontario Ministry of Health, Schedule of Benefits for Laboratory Services, effective 1 April 2026. https://www.ontario.ca/files/2026-04/moh-ohip-schedule-of-benefits-laboratory-services-2026-04-01.pdf

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MIND System

TAKE THIS TO YOUR DOCTOR

Your doctor decides what gets ordered, and that is exactly how it should work. Bring the results back to Tyson. He builds your training, food, sleep and stress work around what they show.

40+ BLOOD PANEL

FORGED. NOT FIXED.