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The Complete Blood Test Guide for Women 40-60

What to ask your doctor for — the traditional panel, plus the science-backed tests many women never get offered

As women move through their 40s, 50s, and 60s, hormone shifts, slowing metabolism, and rising cardiovascular risk change what "normal" bloodwork should include. This guide combines the routine panel most doctors already order with additional, evidence-based tests recommended by major medical societies — so you can walk into your next appointment ready to ask for the full picture. It's built for conversation, not self-diagnosis: use it to guide a discussion with your healthcare provider, who will decide what's appropriate for your personal history and risk factors.

The Foundational Panel (Every Woman, Every Decade)

These are the core tests worth repeating annually starting in your 40s — the baseline every later addition builds on.

✓	Test	Why It Matters
☐	CBC (Complete Blood Count)	Screens for anemia, infection, and general blood health
☐	CMP (Comprehensive Metabolic Panel)	Liver enzymes, kidney function (eGFR/creatinine), blood sugar, and electrolytes
☐	Lipid Panel	Total cholesterol, LDL, HDL, and triglycerides
☐	HbA1c or Fasting Glucose	Diabetes & prediabetes screening — the ADA now recommends starting at age 35*
☐	TSH	Thyroid function — women are up to 8x more likely than men to develop thyroid disease
☐	Vitamin D	Bone density, immune function, and mood regulation
☐	Vitamin B12	Energy, nerve function, and cognitive health

*American Diabetes Association, 2026 Standards of Care in Diabetes: screening should begin at 35 for most adults, or earlier with overweight/obesity plus one additional risk factor.

Beyond the Basics: Tests Many Doctors Don't Order (But Should)

These aren't fringe or "trendy" — each is backed by a current guideline or a well-documented gap in standard screening. Ask if they're appropriate for you.

✓	Test	Why It Matters
☐	Lp(a) — Lipoprotein(a)	A genetic, largely diet-independent driver of heart disease risk. The 2026 ACC/AHA/Multi-Society Dyslipidemia Guideline now recommends every adult be tested at least once in their lifetime — a first for a U.S. guideline
☐	ApoB	Counts the actual number of artery-clogging particles; considered a more precise cardiovascular risk marker than LDL alone
☐	Fasting Insulin	Insulin resistance can build for up to a decade before glucose or HbA1c rise enough to flag as prediabetes. Rarely ordered as part of routine bloodwork
☐	Homocysteine	Elevated levels are linked to cardiovascular and cognitive risk, and are easily corrected with B-vitamins when caught early
☐	Complete Iron Panel (Ferritin, Iron, TIBC)	Ferritin (stored iron) drops years before hemoglobin does, making a CBC alone an unreliable way to catch early iron deficiency
☐	TPO Antibodies	Detects autoimmune thyroid disease (Hashimoto's) even when TSH still looks "normal" — worth asking about with a family history or thyroid symptoms
☐	hs-CRP	A sensitive marker of systemic inflammation and an independent cardiovascular risk indicator
☐	Uric Acid	Connected to metabolic health, gout risk, and emerging cardiovascular research
☐	Magnesium	Supports muscle, bone, sleep, and heart rhythm; often overlooked outside of a standard CMP

What to Add, Decade by Decade

Women in Their 40s

Focus: Heart • Thyroid • Energy • Blood Sugar • Building Bone Reserves

✓	Test	Why It Matters
☐	CBC + CMP	General health, organ function, glucose baseline
☐	Lipid Panel	Cholesterol & triglycerides
☐	Lp(a) — one-time	Genetic cardiovascular risk marker; test once if never done
☐	HbA1c	Diabetes screening (start by 35–40 per ADA)
☐	TSH + Free T4	Thyroid health
☐	Vitamin D	Bone & immune health
☐	Ferritin / Iron Panel	Iron stores — especially important while still menstruating
☐	Fasting Insulin	Catches insulin resistance years before glucose rises

Women in Their 50s

Focus: Heart • Bones • Muscle • Brain • Inflammation (through the menopause transition)

✓	Test	Why It Matters
☐	CBC + CMP	General health & organ function
☐	Lipid Panel + ApoB	Heart health & advanced cardiovascular risk (risk rises sharply post-menopause)
☐	HbA1c	Blood sugar
☐	TSH (+ TPO antibodies if symptomatic)	Thyroid function & autoimmunity
☐	Vitamin D + Calcium	Bone protection as estrogen declines
☐	Vitamin B12	Energy & nerve health
☐	hs-CRP	Inflammation
☐	Homocysteine	Cardiovascular & cognitive marker, correctable with B-vitamins
☐	Magnesium	Bone, muscle & sleep support

Women in Their 60s+

Focus: Heart • Brain • Bones • Strength • Healthy Aging

✓	Test	Why It Matters
☐	CBC + CMP (incl. eGFR)	General health; kidney function becomes more important to track with age
☐	Lipid Panel + ApoB	Heart disease risk
☐	HbA1c	Diabetes screening
☐	Vitamin D + B12	Bone, muscle, brain & nerve health
☐	TSH	Thyroid function
☐	hs-CRP	Inflammation
☐	Magnesium & Uric Acid	Muscle, heart rhythm & metabolic health
☐	Lp(a) (if not previously tested)	One-time lifetime cardiovascular risk marker

Hormone Testing: What the Evidence Actually Says

The nuance most articles skip

For most women 45 and older with typical symptoms and cycle changes, perimenopause and menopause are diagnosed **clinically** — from symptoms and menstrual history — not from a hormone blood test. Guidance from NICE and the British Menopause Society specifically advises against routinely using FSH, estradiol, AMH, or ovarian reserve testing to diagnose perimenopause in this age group, because these hormones fluctuate week to week during the transition. A single snapshot can be falsely reassuring or falsely alarming.

Where hormone testing *does* earn its place: women under 45 with symptoms suggesting early menopause (FSH checked on two occasions, 4–6 weeks apart), or to rule out other explanations for symptoms — like thyroid dysfunction or low iron — that mimic perimenopause. Testosterone and DHEA-S can be reasonable add-ons if persistent low libido or fatigue remain unexplained after thyroid and iron are ruled out, but they're a symptom-driven conversation with your doctor, not a routine screen.

Questions to Ask Your Doctor

- Should I get a one-time Lp(a) test, especially given my family history?
- Should we check fasting insulin in addition to glucose or HbA1c?
- Would a complete iron panel tell us more than a CBC alone?
- Should my thyroid antibodies (TPO) be checked, not just TSH?
- Given my symptoms, is hormone testing appropriate for me, or is this a clinical diagnosis?
- Based on my family history, do I need any additional cardiovascular or genetic testing?
- When should I repeat this panel?

Medical Disclaimer: This guide is for educational purposes only and is not medical advice. It does not diagnose, treat, or replace the judgment of a licensed healthcare professional. Blood test recommendations vary based on age, medical history, medications, symptoms, family history, and individual risk factors. Always consult your physician or another qualified healthcare provider before requesting, interpreting, or acting on laboratory testing.

Sources & Guidelines Referenced:

2026 ACC/AHA/Multi-Society Dyslipidemia Guideline, National Lipid Association & Family Heart Foundation (Lp(a) & ApoB) · American Diabetes Association, 2026 Standards of Care in Diabetes (HbA1c & screening age) · NICE Guidance & British Menopause Society (perimenopause diagnosis & hormone testing) · Endocrine Society / Hormone Health Network (menopause diagnosis) · American Thyroid Association (TPO antibodies & thyroid autoimmunity) · National Institutes of Health / NIH Office of Dietary Supplements (Vitamin D, B12, iron reference ranges)