

Beyond the Baseline

Which hormone test to add, when to draw it, and how to read it

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Masterclass, Part 2 · 21 Oct 2026

Test timing at a glance

Area	Marker	When to draw	Watch for
Thyroid	TSH, free T4, free T3	Morning, same lab each time	Thyroxine after the draw · biotin off 3 to 5 days
	TPO, Tg antibodies	Any time, via the GP	Can be positive years before TSH moves
Cycle	FSH, LH, oestradiol	Day 2 to 5, ideally Day 3	Day 1 = first full bleed · not on the combined pill
	Progesterone	7 days before the next period	Above 30 nmol/L suggests she ovulated
	Testosterone, SHBG, FAI	Day 2 to 5, with the others	Always pair testosterone with SHBG
Men	Testosterone, SHBG, LH	Before 10am, fasting	Confirm a low result with a second test
Stress	Cortisol (blood)	Around 8am	A snapshot · saliva shows the daily rhythm
	DHEA-S, prolactin	Any time, ideally morning	Stress, exercise, some medicines raise prolactin
Metabolic	Fasting insulin, glucose	After an 8 to 12 hour fast	Same conditions every retest

Four thyroid patterns and what to do next

Pattern	What it suggests	Next
TSH high, free T4 low	Underactive thyroid	Back to the GP
TSH normal or drifting up, antibodies positive	Early Hashimoto's	GP aware, monitor; check iron, selenium, iodine, progesterone and FSH
TSH, free T4 normal, free T3 low	Poor T4 to T3 conversion	Address under-eating, stress, low iron or selenium; check Day 21 progesterone
TSH low	Overactive, or too much replacement	Back to the GP

Thyroid hormone depends on **iron, selenium, iodine and zinc**: fix low ferritin first. Reverse T3 is optional; its value is debated in mainstream practice.

Cycle timing and perimenopause

Count back for progesterone

Draw 7 days before the next period:
Day 21 of a 28-day cycle, Day 23 of 30, Day 17 of 24. Confirm the cycle length once the period comes.

Irregular cycles, the pill, HRT

Irregular: Draw 1 on Day 2 to 5 of whichever period comes. The combined pill reflects the pill, not her cycle. On HRT, symptoms guide dosing.

Perimenopause

Over 45 with symptoms, it's a clinical diagnosis: don't use FSH. Watch insulin, HOMA-IR and lipids trend as insulin sensitivity falls.

Write the cycle day and any hormones the client takes on every request. **Start with a question:** if a result won't change your plan, leave that test for now.

Red flags: straight back to the GP

TSH above 5 or below 1, or free T4 outside range
Prolactin above range, especially with headaches
Testosterone well above range in a woman
Low testosterone in a man, on repeat

Periods stopping under 40, or a raised FSH
Bleeding that doesn't fit, or after menopause
Very low morning cortisol with fatigue
No pregnancy after 12 months of trying, or 6 if 35+



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