MENSTRUAL BLOOD

as a research matrix

The Case for App-Enabled Women's Health Participation

White Paper

June 2026

CONTENTS

EXECUTIVE *summary*

Women remain underrepresented in clinical research and trial systems continue to under-recruit the communities most affected by gaps in women's health evidence.

At the same time menstrual blood, shed monthly by roughly half the world's population during reproductive years, remains underdeveloped as a research matrix (the biological medium in which diagnostic tests are run), despite growing evidence of diagnostic potential including across endometriosis, iron deficiency, HPV and glycaemic control. Beyond replicating existing tests, menstrual blood may also provide biologically unique information about reproductive and gynaecological health that other matrices cannot.

This white paper presents the findings of an eight-month Innovate UK-funded Biomedical Catalyst feasibility pilot (Project 10161461) conducted by 28X Ltd in partnership with BioGrad Biobank and Wellbeing of Women.

The study asked three questions:

Are women willing to donate menstrual blood for research via a consumer app?	Can that sample reach a regulated laboratory in usable condition via post?	Can the menstrual blood matrix support meaningful laboratory assays?

The pilot provides positive feasibility evidence across all three questions. Forty participants completed the full study pathway. Of completed follow up questionnaires 100% reported a positive donation experience and said they would participate again. The laboratory received and processed all returned samples; assay compatibility was confirmed across five of six categories tested, with the sixth requiring matrix-specific workflow development.

This paper sets out what we found, what the scientific literature tells us about where this goes next, and what the platform infrastructure enables for future research partnerships; including large-scale cohort recruitment, iron deficiency and heavy menstrual bleeding research, and flexible multi-study onboarding.

WELLBEING OF WOMEN · 28X · BioGrad™ · UKRI Innovate UK

THE PROBLEM *a dual gap in women's health research*

WOMEN ARE MISSING FROM THE EVIDENCE BASE

Despite comprising more than half the global population, women are systematically underrepresented in clinical trials. The median female enrolment rate across randomised controlled trials published in 2017 was 41% (Daitch et al., 2022). Three decades after the 1993 NIH Revitalization Act mandated inclusion of women and minorities in federally funded research, the National Academies of Sciences concluded that "little progress" had been made describing the situation as both a scientific failure and a health equity crisis (NASEM, 2022).

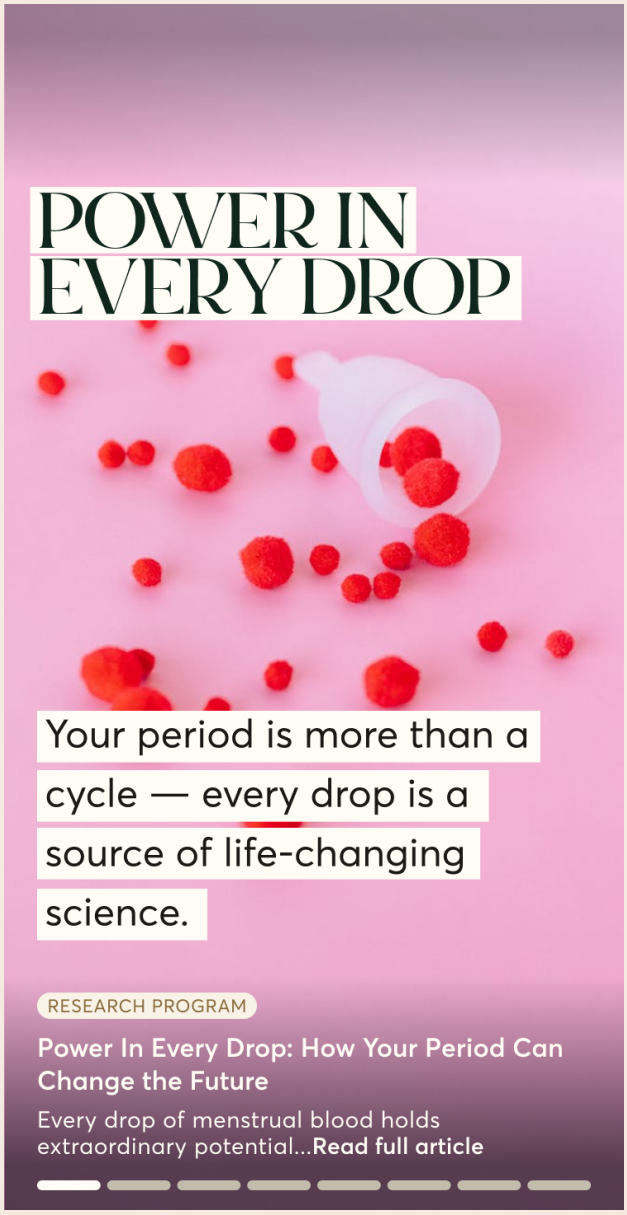
The consequences are clinical. Diagnostic guidelines and treatment thresholds across cardiovascular disease, metabolic conditions and pharmacology are built primarily on male datasets. Women are more likely to be misdiagnosed, undertreated or excluded from the emerging precision medicine pipeline. For women of colour, the exclusion compounds: in FDA-approved oncology trials between 2017 and 2020, Black or African American participants represented 2–5% of enrolments despite comprising 12.1% of the US population (Bierer et al., 2022).

> SOMETIMES I HEAR
> *"Oh, we can't find South Asian women."*
> *And it's like, but you've not tried.*
> I'M HERE AND SO IS THE HUNDREDS
> THAT I WORK WITH.
>
> Focus group participant, Wellbeing of Women

The barriers are structural, not solely biological and operate at multiple levels including site location, trial hours, cost and transport; design-level barriers include English-only materials and overly restrictive eligibility criteria; and institutional mistrust, while historically grounded, can be mitigated when information comes from trusted community sources (Tamlyn et al., 2023). These combined factors reduce participation from the communities research most needs to reach.

MENSTRUAL BLOOD IS AN UNTAPPED RESOURCE

Alongside the participation gap, menstrual blood itself remains largely unexplored as a research and diagnostic medium. Menstrual blood is shed monthly, reflects the physiological and pathological state of the female reproductive tract in ways venous blood cannot and is accessible without clinical contact. Yet it has been almost entirely overlooked as a research substrate.



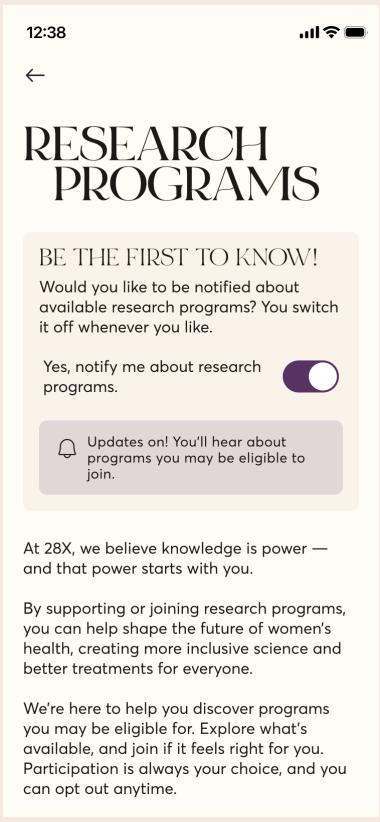
The emerging evidence includes strong concordance findings for selected biomarkers and early diagnostic studies in endometriosis. HbA1c measured in menstrual blood correlates with venous blood at r = 0.96 in a study of 152 women (Naseri et al., 2023). Vitamin A and D levels correlate at r = 0.77 and r = 0.66 respectively with capillary samples (Whitbread et al., 2024). Endometriosis-specific cytokine signatures are detectable in menstrual effluent at femtomolar sensitivity using digital droplet ELISA platforms (Wang et al., 2025). A lipidomic approach using dried menstrual blood spots achieved 81% sensitivity and 85% specificity for endometriosis (Starodubtseva et al., 2024).

Iron deficiency is the leading nutritional deficiency in women of reproductive age and heavy menstrual bleeding (HMB) is its primary cause in premenopausal women. Yet haemoglobin and full blood count testing, the most commonly ordered investigations, have a sensitivity of only 41–46% for identifying iron-deficient patients in HMB populations (Johnson et al., 2016). Serum ferritin is more sensitive and specific but is rarely ordered. No published peer-reviewed studies have tested ferritin directly in menstrual effluent. In this pilot, ferritin testing in menstrual blood achieved a 100% success rate: the highest of any assay category tested. This represents a clear evidence gap with direct relevance to heavy menstrual bleeding and iron deficiency research.

THE 28X MODEL

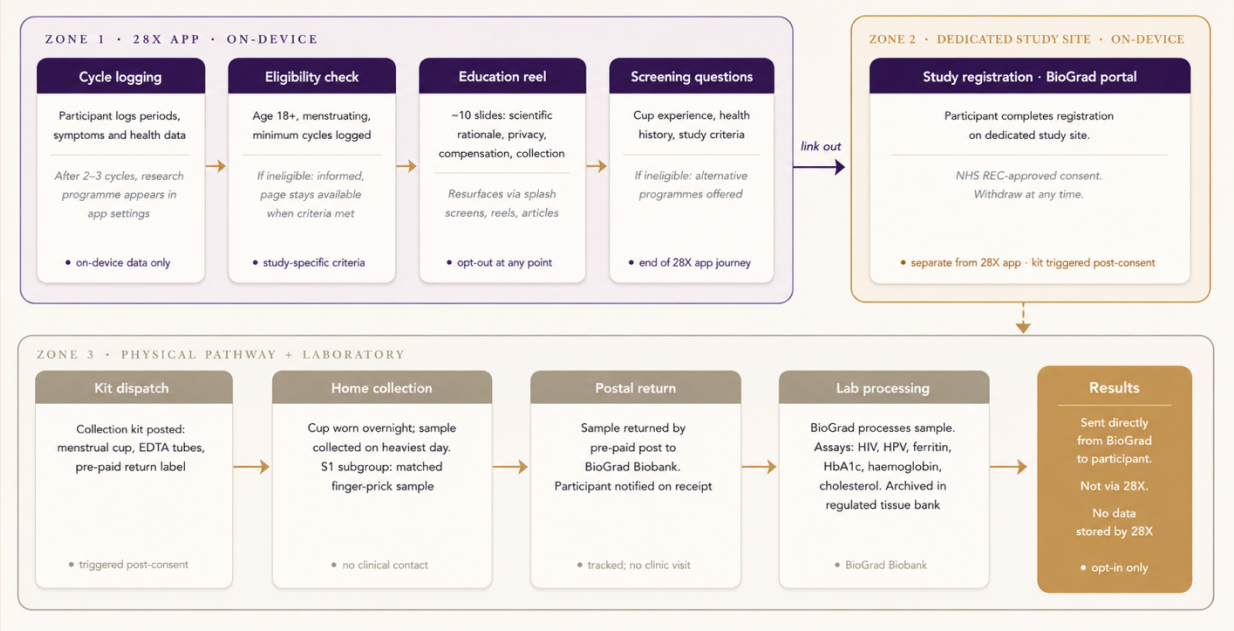
opt-in research through a trusted consumer app

28X is a women's health platform built on a simple premise: the most effective route to engaging women in health research is through tools they already use and trust. The 28X app combines menstrual cycle tracking and education with ethically governed research participation, enabling users to opt into donation programmes and receive optional personalised health insights in return.



The end-to-end pathway operates as follows: a participant encounters a research programme invitation contextually within the app, after engaging with tracking features; reads plain-language information about the study; completes a digital consent and eligibility flow; receives a collection kit by post; collects a menstrual cup sample at home; returns it via pre-paid post to BioGrad Biobank; and receives confirmation of receipt, with optional results returned to the participant where appropriate.

The architecture is privacy-first. Data is processed on-device. No health data is stored in the cloud without explicit consent. The opt-in/opt-out model gives participants granular control over each research programme independently. A 2022 scoping review found the majority of popular women's health apps fail to meet basic standards for data privacy and third-party data sharing (Alfawzan et al., 2022). The 28X model is designed in direct response to that failure.

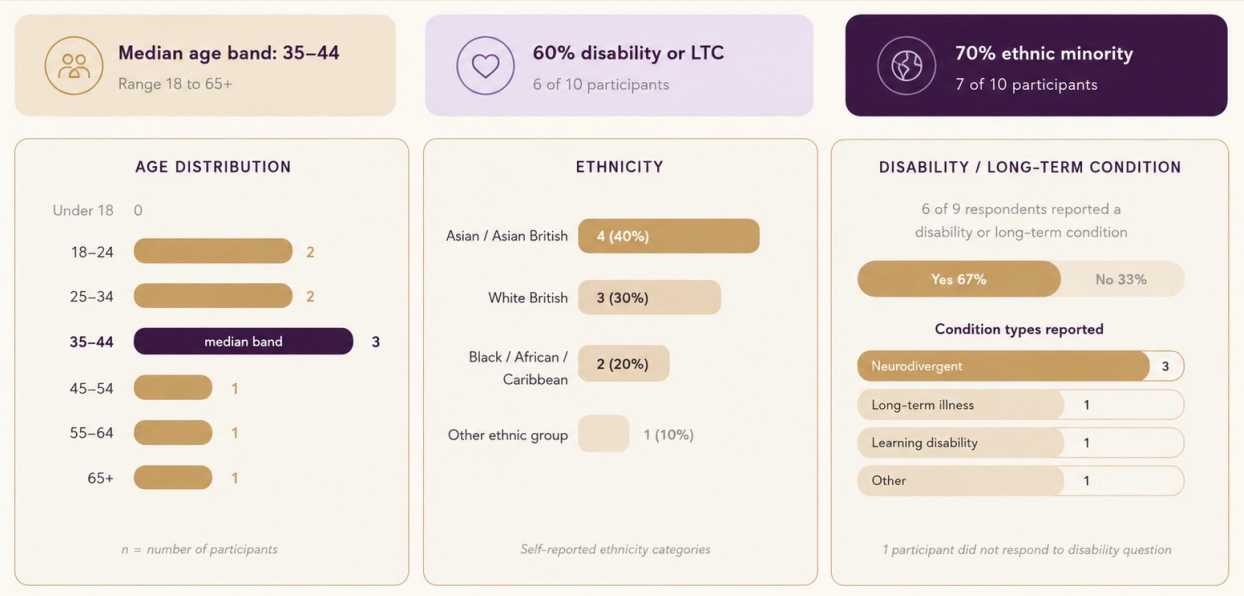


28X should be understood not only as a recruitment channel, but as research infrastructure capable of supporting study onboarding, consent, metadata capture and sample logistics.

> THERE'S SO MANY PEOPLE WANTING YOUR DATA AND YOUR TIME.
> *How can you actually show that you're different & build trust with people?*
>
> Focus group participant, Wellbeing of Women

DESIGNING FOR REAL WOMEN *what the pre-pilot research showed*

Before launching the pilot, 28X worked with Wellbeing of Women to conduct two virtual focus groups with ten participants, deliberately recruited for diversity: ages 18–65+ (modal and median age band was 35–44), high ethnic diversity (Asian/Asian British, Black/African/Caribbean, White British, other), and six of nine reporting a disability or long-term health condition including neurodivergent conditions.



Initial reactions to the phrase "menstrual blood donation" ranged from disgust to curiosity, shaped by cultural stigma and unfamiliarity rather than scientific scepticism. Importantly, most participants moved from hesitation to interest once given clear information about the scientific rationale. Willingness to enrol in research through a trusted period app averaged 4.75 out of 5 in Group 1 and 4.2 in Group 2: among the highest-scoring responses in either session.

> WHEN I READ THAT, I WAS LIKE, YUCK.
> *But then you have to think of it as body fluids...*
> *how is this any different?*
> I DON'T THINK ALL OF US ARE COMFORTABLE WITH OUR PERIODS YET, IF THAT MAKES SENSE
>
> Focus group participant, Wellbeing of Women

Three design principles emerged consistently and were implemented directly in the pilot app: no pop-ups (universally rejected as dismissible and invasive); contextual placement of the research invitation after initial app engagement rather than at cold onboarding; and explicit opt-in/opt-out control at every stage. Language mattered, a "sample" was preferred to "donation," which carried connotations of permanence and transfusion.

Trust in digital health was moderate (combined average 3.25/5; 3.5 in Group 1, 3.0 in Group 2) and described as fragile, and easily lost through commercial prompts, data breaches or unclear partner relationships.

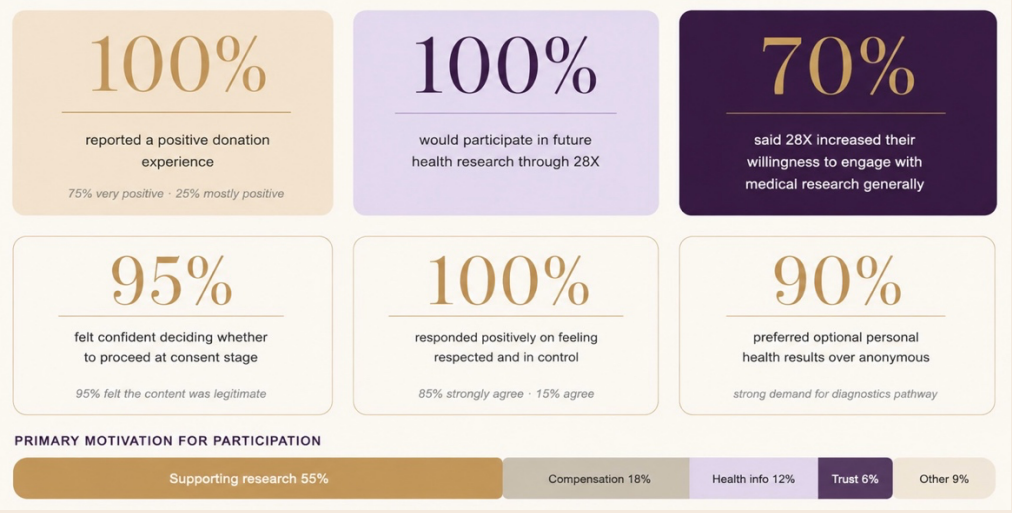
Participants flagged that they wanted to know exactly who was running the research, where samples would go, how long they would be stored and how to withdraw. These concerns directly shaped the consent architecture deployed in the pilot.

WHAT WE FOUND
three feasibilities confirmed

BEHAVIOURAL FEASIBILITY

Forty participants completed the full study journey from app consent to postal sample return. Post-donation survey responses (N=20) showed:

- 100% reported a positive donation experience (75% very positive, 25% mostly positive)
- 95% felt confident deciding whether to proceed at the consent stage
- 100% responded positively on feeling respected and in control throughout (85% strongly agree, 15% agree)
- 100% said they would participate in future health research through 28X
- 70% said being invited through 28X made them more likely to engage with medical research generally



Primary motivations were supporting medical research (55%), financial compensation (18%), and access to personal health information (12%). Ninety percent said they would prefer to receive optional personal health results rather than donate anonymously — confirming strong demand for a diagnostics return pathway in future phases.

70%

OF PARTICIPANTS SAID 28X INCREASED THEIR WILLINGNESS TO ENGAGE WITH MEDICAL RESEARCH GENERALLY

OPERATIONAL FEASIBILITY

The end-to-end pathway (app consent, kit dispatch, postal return, laboratory processing) was delivered reliably throughout the pilot. No critical infrastructure failures occurred. BioGrad successfully processed all returned samples.

Operational friction points were identified and are understood: labelling errors in 32% of returned kits; participant difficulty with capillary finger-prick sampling (a secondary subgroup task, 51% encountering some difficulty); two samples arriving beyond the recommended transit window. Each of these is addressable through simplified workflows, improved guidance, and integrated digital metadata capture and each is consistent with published pre-analytical literature on first-in-field menstrual blood collection studies.

SCIENTIFIC FEASIBILITY

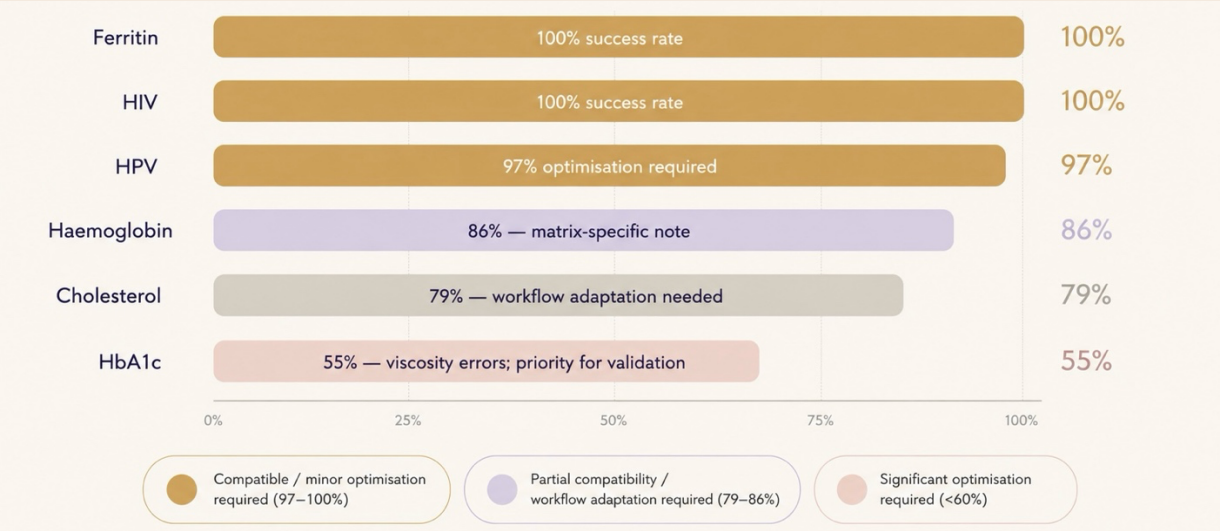
BioGrad's exploratory assessment confirmed that menstrual blood can be collected, transported and incorporated into downstream laboratory workflows.

Unless otherwise stated, assay-related percentages refer to operational feasibility metrics (e.g., successful completion or readability of tests) rather than measures of diagnostic accuracy or clinical performance.

Results by assay category:

- **Ferritin:** 100% test success rate. Visual line reading straightforward.
- **HIV:** 100% test success rate. All samples negative. Operator agitation required for some samples due to viscosity; feasible with adapted protocol.
- **HPV:** 97% test success rate. Requires matrix-specific optimisation; BioGrad has recommended a two-arm approach for future studies (user-friendly validated assay + molecular DNA extraction arm).

- **Haemoglobin:** 86% success rate. Poor correlation with capillary blood as expected — menstrual Hb reflects collection volume and RBC fraction, not systemic Hb.
- **Cholesterol:** 79% success rate. Acceptable with matrix-specific optimisation.
- **HbA1c:** 55% success rate. Device errors linked to viscosity; workflow adaptation required.



BioGrad's overall conclusion: menstrual blood is a technically distinct biological matrix requiring dedicated optimisation rather than direct transfer of venous or capillary workflows. The pilot generated the foundational observations needed to design future validation studies, and BioGrad has indicated strong interest in a follow-up study targeting inflammation markers, endometriosis-related markers, and reproductive health biomarkers.

LIMITATIONS

This was an exploratory feasibility pilot, not a diagnostic validation study, and findings should be interpreted accordingly. The participant sample (N=40) is insufficient to support clinical or statistical conclusions. Post-donation survey data was collected from 20 of 40 participants, and ethnicity data was not captured for the pilot cohort: a gap that will be addressed in future study design. Labelling errors (32%) and two samples exceeding recommended transit windows represent workflow limitations that are well-characterised in the published pre-analytical literature and are addressable through protocol refinement.

These limitations are mitigated by several design strengths: NHS REC oversight, processing by a regulated tissue bank (BioGrad Biobank), independent pre-pilot qualitative research conducted with Wellbeing of Women and a study scope explicitly designed to assess feasibility rather than diagnostic equivalence. The findings provide valuable evidence regarding the questions the study was designed to explore.

THE SCIENTIFIC CASE *where the literature points*

The pilot sits within a rapidly maturing evidence base. Recent studies published between 2023 and 2025 suggest increasing scientific interest in menstrual blood as a diagnostic specimen; moving from proof-of-concept studies to validated platforms and systematic reviews.

The technical challenges are real and well-characterised. Menstrual blood lacks standard coagulation behaviour due to endometrial fibrinolytic activity. Approximately 30% of cells in freshly collected samples are non-viable, releasing nucleases that degrade RNA and DNA analytes. High-background cytokine levels cause matrix interference in standard immunoassay formats (Naseri et al., 2023). Viscosity drives lateral-flow blockage; consistent with the 32% blockage rate observed in this pilot, which required operator agitation.

These challenges appear addressable through matrix-specific workflow development and pre-analytical standardisation. No standardised collection protocol exists across the field yet, but the 2024 systematic review by Zaheer et al. calls for minimum data set reporting standards analogous to MIQE guidelines for PCR; A sign of a field moving toward clinical translation.

Two evidence gaps are directly relevant to future 28X work. First: no published peer-reviewed studies use menstrual blood as a diagnostic matrix for PMOS/PCOS, despite it being among the most common reproductive-metabolic disorders. Second: no studies have tested ferritin directly in menstrual effluent. Both represent unoccupied research spaces where the 28X platform and BioGrad infrastructure are positioned to contribute.

IMPLICATIONS *for future research*

The pilot established consent flows, eligibility screening, postal logistics and laboratory processing at a scale sufficient to confirm feasibility. The questions now are which research applications to prioritise, what validation studies are needed and how the collection pathway can be extended to serve a broader range of research partners.

CONCURRENT STUDY PROGRAMMES

The consent architecture built in this pilot supports separate research programmes running within the same app, each with independent eligibility criteria, consent modules and sample requirements. This was demonstrated at pilot scale. Extension to additional study types requires study design and partner agreements rather than new technical development.

Longitudinal sample contribution, where participants donate across multiple cycles, is a logical next step and is supported by the BioGrad relationship established during this study.

ELIGIBILITY-BASED STUDY SURFACING

The app's longitudinal cycle and symptom data provides a basis for matching participants to relevant research programmes; for example, surfacing a ferritin study to a participant logging heavy bleeding or an endometriosis biomarker programme to one reporting cycle irregularity. The technical capability is present in the platform's on-device data model. Implementation requires careful design of partner selection criteria, decision logic and participant-facing communication and is proposed as a subject for co-development with research partners rather than a feature ready for deployment.

MULTIPLE SAMPLE TYPES

The BioGrad study protocol included matched capillary finger-prick samples (subgroup S1), processed alongside menstrual blood for HbA1c, haemoglobin, ferritin and cholesterol. Both sample types were returned in the same postal kit and processed in the same laboratory session. This indicates the collection pathway can accommodate multiple at-home specimen types without requiring separate logistics extending its potential applicability to research programmes that do not require menstrual blood specifically.

PRIORITY VALIDATION STUDIES

The exploratory assay data from this pilot identifies four priority areas for follow-on validation: ferritin reference interval development for the menstrual matrix; a two-arm HPV protocol combining point-of-care testing with molecular DNA extraction; endometriosis-related inflammatory markers in a condition-confirmed cohort; and optimised workflows for cholesterol and HbA1c in the menstrual matrix, where viscosity-related device errors were the primary source of assay failure in this study.

As an exploratory finding only, this pilot tested both cholesterol and HbA1c; two primary modifiable risk markers for cardiovascular disease. The data is insufficient to draw conclusions about diagnostic feasibility, but it supports a testable hypothesis: that menstrual blood collection could provide a viable route for metabolic risk profiling in women of reproductive age, a population consistently underrepresented in cardiovascular research. A dedicated validation study is the appropriate next step.

MENSTRUAL BLOOD'S UNIQUE POTENTIAL

Future research may benefit not only from assessing whether menstrual blood can support existing testing approaches, but also from exploring whether it contains biologically relevant information that is uniquely linked to reproductive and gynaecological health. The sample is generated by the body's own monthly process; it is present at the point of symptom, reflects local tissue physiology and may carry biological signals that venous

blood does not. Understanding what is distinctive about menstrual blood as a matrix, not only whether it can replicate capillary or venous findings, may prove to be the more important long-term question.

HEAVY MENSTRUAL BLEEDING AND IRON DEFICIENCY

Ferritin is particularly interesting because there is a clear biological rationale linking iron stores and Heavy Menstrual Bleeding (HMB). Menstruating women with HMB lose significantly more iron per cycle than those with normal flow, placing considerable strain on the body's iron reserves (Vela et al., 2025). A low serum ferritin is often the first indicator that blood loss is outpacing iron intake. While this pilot was not designed to validate ferritin testing in menstrual blood, ferritin demonstrated encouraging operational compatibility within the study workflow and may represent a promising candidate for future investigation. A larger study designed specifically around menstrual health outcomes could explore whether menstrual blood ferritin measurements provide useful information relating to iron deficiency, heavy menstrual bleeding, or other conditions associated with chronic blood lossparticularly given the high prevalence of HMB: up to 86% of women with clinically defined heavy periods suffer from low iron or iron deficiency (Pandey et al., 2026).

ENDOMETRIOSIS

One particularly interesting area emerging from the literature is the potential use of menstrual blood to better understand and potentially support the detection of endometriosis for developing non-invasive tests, potentially reducing diagnosis times from the standard 7-10 years to just a few weeks. Studies have shown that freshly isolated menstrual blood-derived stem cells can be used to distinguish patients with endometriosis from those without, achieving high accuracy through DNA methylation profiling (Zaheer et al., 2024). Research highlights that analysing certain genes within menstrual effluent could provide vital clues into disease progression and severity (Amanda et al., 2024). There have also been cellular markers, such as CXCL5 and IL1RN, detected as elevated in the menstrual blood of women suffering from endometriosis (Ji et al., 2023). This could be an avenue to explore through a monthly period that would make a huge impact in diagnosis.

POLYENDOCRINE METABOLIC OVARIAN SYNDROME

PMOS, formally known as PCOS, is the most common hormonal condition in women of reproductive age, but its predominantly endocrine and metabolic basis means its relationship to menstrual blood as a diagnostic matrix is less direct than HMB or endometriosis. Biomarker selection and study design would require careful consideration. It represents a longer-term area of interest rather than an immediate research priority.

PARTICIPANT REACH

Seventy percent of pilot participants reported increased willingness to engage with medical research generally following their 28X experience. The pre-pilot focus group cohort: median

age band 35-44, high ethnic diversity, 60% reporting a disability or long-term health condition; suggests the recruitment model reaches groups that conventional site-based methods consistently underserve. These findings are preliminary but directionally consistent with the design intent.

WHAT THIS MEANS *for research partners*

The findings from this pilot are relevant to three types of research partners. Each section below sets out the gap the partner faces, what the pilot demonstrated and what a follow-on study could test.

LABORATORY AND BIOBANK PARTNERS

The challenge: menstrual blood is a biologically distinct matrix. Existing venous and capillary workflows cannot be applied directly. Reference intervals, collection standards and assay validation protocols do not yet exist for this specimen type.

What the pilot demonstrated: a regulated tissue bank (BioGrad Biobank) successfully received, processed and archived community-collected menstrual blood at pilot scale. Ferritin and HIV achieved 100% assay compatibility. HPV, cholesterol and HbA1c were partially compatible and identified clear optimisation requirements.

Areas for future exploration include ferritin reference interval development for the menstrual matrix; a two-arm HPV protocol combining point-of-care and molecular DNA extraction; and an endometriosis inflammatory marker panel in a condition-confirmed cohort. Longitudinal sample contribution across multiple cycles is feasible within the existing BioGrad relationship.

POPULATION HEALTH RESEARCH PROGRAMMES

Preliminary findings suggest the 28X recruitment model reaches women less likely to engage through conventional research channels. Seventy percent of pilot participants reported increased willingness to engage with medical research generally and the pre-pilot focus group cohort, median age band 35-44, high ethnic diversity, 60% reporting a disability or long-term condition; suggests the model can access groups that population health programmes prioritise.

Population-scale health research programmes have made diversity a strategic priority, recognising that a cohort which doesn't reflect the UK population will produce findings that don't benefit everyone equally (Our Future Health, 2024). Reaching the communities that matter most including women from ethnic minority backgrounds, those with long-term

conditions and those who have historically disengaged from research requires meeting people where they already are, through channels they already trust.

The 28X platform is designed to do exactly this. The platform's opt-in consent architecture, privacy-first design, and on-device data processing are compatible with the ethical frameworks that large cohort programmes require.

The 28X model could function as a women's health recruitment channel and sample collection pathway sitting alongside, and extending the reach of, existing large-scale research infrastructure.

UNDERDIAGNOSED WOMEN'S HEALTH CONDITION RESEARCH

Heavy menstrual bleeding affects approximately one in three women of reproductive age, more common than asthma or diabetes, yet the average time to effective treatment remains five years (Wellcome Leap, 2025). It is also the primary cause of iron deficiency in premenopausal women, and sufficiently under-researched that it has attracted a dedicated $50M global research programme from the Wellcome Leap.

The 28X platform reaches women who are already tracking their cycles, already experiencing symptoms, and already motivated to understand what their data means. This creates access to a potentially research-ready population already engaged in cycle tracking and symptom reporting, outside of clinical settings.

The ferritin finding from this pilot is directly relevant, demonstrating promising operational compatibility within the pilot workflow with 100% assay success, the highest of any category tested, and no published peer-reviewed studies yet exist using menstrual effluent as the test matrix for iron deficiency. Menstrual blood collection offers a uniquely aligned methodology for HMB research as the sample is generated by the condition itself, collected at point of symptom, without clinical contact.

For research programmes investigating HMB as a health indicator, endometriosis biomarkers or the downstream consequences of iron deficiency in women of reproductive age, 28X offers both a participant pathway and a collection method that aligns with the biology.

CONCLUSION & *next steps*

This feasibility study confirms that at-home menstrual blood collection via a consumer app is behaviourally acceptable, operationally viable and scientifically promising. The pilot established the core infrastructure, demonstrated participant acceptability, and confirmed that returned samples could be processed successfully at pilot scale.

> IT'S NEW TERRITORY.
> *If it just became like having a cholesterol test, just another collection, I think it wouldn't be a problem.*
> IT'LL TAKE TIME FOR PEOPLE TO ADJUST TO SEEING IT AS A NORMAL THING.
>
> Focus group participant, Wellbeing of Women

The next phase is to build on this foundation: extend the platform to support flexible multi-study research onboarding; develop validated, matrix-specific assay workflows with BioGrad; and establish 28X as a trusted participant recruitment channel for the major research programmes addressing women's health at scale.

We are actively seeking research partnerships with organisations aligned with these goals. If you are working on women's health cohort research, iron deficiency and HMB, endometriosis diagnostics or reproductive health biomarkers we would like to talk.

KEY *references*

- **Aguree S, Owora A, Silveyra P. (2025).** Cyclical fluctuations of iron biomarkers. Practical Laboratory Medicine, 47, e00512.
- **Alfawzan N et al. (2022).** Privacy policies of women's mHealth apps. JMIR mHealth and uHealth.
- **Bierer BE et al. (2022).** Advancing inclusion of underrepresented women in clinical research. Cell Reports Medicine.
- **Daitch V et al. (2022).** Underrepresentation of women in RCTs. Trials.
- **Johnson S et al. (2016).** Iron deficiency without anemia in young women with HMB. JPAG, 29(6), 628–631.
- **Naseri S et al. (2022, 2023).** Menstrual blood HbA1c concordance studies. BMJ SRH; F&S Reports.
- **NASEM. (2022).** Improving representation in clinical trials. National Academies Press.
- **Regensteiner JG et al. (2025).** Barriers and solutions in women's health research: a call to action. Lancet Regional Health – Americas.
- **Starodubtseva N et al. (2024).** Menstrual blood lipidomics in endometriosis. Biomolecules, 14(8), 899.
- **Tamlyn AL et al. (2023).** Trust and mistrust in research participation. Health Expectations.
- **Wang H et al. (2025).** ddELISA platform for endometriosis diagnosis via menstrual blood. Research.
- **Whitbread AL et al. (2024).** Menstrual blood for monitoring vitamin levels. J Clinical Medicine, 13(23).
- **Zaheer A et al. (2024).** Potential and challenges of menstrual blood as diagnostic specimen. Ann Med Surg.
- **Pandey et al. (2026).** A scoping review on heavy menstrual bleeding and anemia: A less explored phenomenon. Journal of Family Medicine and Primary Care
- **Ji et al. (2023).** DIA-based analysis of the menstrual blood proteome identifies association between CXCL5 and IL1RN and endometriosis. Journal of Proteomics
- **Amand et al. (2024).** Gene expression of aromatase, SF-1, and HSD17B2 in menstrual blood as noninvasive diagnostic biomarkers for endometriosis. European Journal of Obstetrics & Gynecology and Reproductive Biology
- **Our Future Health (2024).** Revealed: the numbers that show our diversity progress – and what comes next.
- **Wellcome Leap. (2025).** The Missed Vital Sign: A $50M programme to transform the diagnosis and treatment of heavy menstrual bleeding.

Contact Us

my28x.com

info@my28x.com

29 Wenlock Road
London
England
N1 7GU