

Beyond Fertility blood panels

Female core blood panel

Beyond's female core blood panel, included in every diagnostic package, provides a comprehensive picture of your fertility that goes beyond AMH. We look at 32 biomarkers across four categories—hormone regulation, metabolic health, blood & nutrition and immunity & infection—to help you understand how these biomarkers connect to your fertility.

Female hormone regulation

Marker	What this measures
Anti-Müllerian Hormone (AMH)	AMH is the most reliable blood marker for ovarian reserve — a measure of your egg supply, not egg quality. It's most informative if IVF is on the table, since it predicts how your ovaries respond to the hormone injections used to retrieve eggs.
Follicle-Stimulating Hormone (FSH)	FSH is released by your pituitary gland to signal your ovaries to develop eggs. Your clinician uses FSH alongside AMH and AFC to get a complete picture of your ovarian reserve.
Estradiol	Estradiol is your primary estrogen and plays a central role in regulating your cycle. Measured early in your cycle, it confirms your ovaries are at a resting baseline — an unusually high reading can suppress FSH, making other hormone results harder to interpret accurately. Your clinician reads this alongside FSH and AMH — together, they give a more accurate read on your ovarian reserve.
Thyroid-Stimulating Hormone (TSH)	TSH (thyroid-stimulating hormone) measures thyroid function, which directly affects ovulation and pregnancy. Your clinician uses this alongside Free T4 to get a complete picture.
Free Thyroxine (Free T4)	Free T4 is the active thyroid hormone your body uses to regulate metabolism — and the clearest signal of whether your thyroid is producing enough to support healthy ovulation and pregnancy. It works alongside TSH, which measures how hard your brain is signaling your thyroid to produce it. Your clinician reads these two together alongside T3 uptake, Total T4, and TPO antibodies for a complete picture of thyroid function.
T3 Uptake	T3 uptake measures how much thyroid hormone is bound to proteins in your blood. This helps your clinician read your other thyroid markers more accurately.

Marker	What this measures
Total Thyroxine (Total T4)	Total T4 measures the total amount of thyroid hormone in your blood, including both bound and active forms. Your clinician uses this alongside TSH and Free T4 to get a full view of how your thyroid is functioning.
Thyroid Peroxidase Antibodies (TPO)	TPO antibodies appear when your immune system targets your thyroid gland. Even when TSH looks normal, elevated TPO antibodies are associated with increased miscarriage risk. Your clinician uses this to assess whether an underlying autoimmune condition may be affecting your thyroid and to determine whether closer monitoring or treatment is needed.
Thyroglobulin Antibodies	Thyroglobulin antibodies are another marker of autoimmune thyroid activity. Some test positive for these but not TPO antibodies — and vice versa — so your clinician tests both to get a complete picture. Elevated levels are associated with increased miscarriage risk and help determine whether closer monitoring or treatment is needed.
Total Testosterone	Total testosterone measures the overall level of testosterone in your body. Small amounts are normal; elevated levels can interfere with ovulation and are one of the key diagnostic markers for PCOS. High testosterone can also show up as acne, excess hair growth, or hair thinning. Your clinician uses this alongside free testosterone and other androgen markers to understand your full hormonal picture and whether treatment to lower androgen levels is recommended.
Free Testosterone	Free testosterone is the biologically active portion of testosterone in your body. It can be elevated even when total testosterone looks normal, making it a more sensitive marker for androgen excess. Your clinician uses this alongside total testosterone to catch subtle hormonal imbalances that can interfere with ovulation.
DHEA-Sulfate (DHEA-S)	DHEA-S is an androgen produced by your adrenal glands. When elevated, it signals that your adrenal glands — rather than your ovaries — are the source of excess androgens. Your clinician uses this to pinpoint the source, which shapes the treatment approach.
17-Hydroxyprogesterone (17-OHP)	17-OHP (17-hydroxyprogesterone) is a hormone produced by your adrenal glands. Elevated levels can indicate a genetic condition that causes the adrenal glands to overproduce androgens, which can affect ovulation in the same way hormonal imbalances like PCOS do. Your clinician uses this to identify the root cause, which shapes the treatment approach.
Androstenedione	Androstenedione is a hormone your body uses to produce testosterone. When elevated, it can indicate that excess androgen production is affecting cycle regularity and ovulation. Your clinician reads this alongside your other androgen markers for the full hormonal picture.
Prolactin	Prolactin is the hormone responsible for breast milk production. Outside of pregnancy and breastfeeding, elevated levels suppress ovulation by interfering with the hormonal signals that trigger egg release. Mild elevations are often caused by stress, medications, or thyroid issues and respond well to treatment.

Female metabolic health

Marker	What this measures
Hemoglobin A1c (HbA1c)	HbA1c reflects your average blood sugar over the past 2–3 months — the most reliable marker for prediabetes and diabetes. Elevated blood sugar affects egg quality and can interfere with implantation, making this one of the more direct metabolic connections to fertility outcomes. Dietary changes, lifestyle modifications, and medications like Metformin and GLP-1s can meaningfully improve this number.
Fasting Insulin	Fasting insulin shows how hard your body is working to keep blood sugar stable. Elevated levels — sometimes called insulin resistance — signal your ovaries to produce more androgens, which can prevent eggs from maturing and releasing. This is a primary driver of ovulation problems in PCOS and increases the risk of gestational diabetes during pregnancy. Lifestyle changes and medications like Metformin and GLP-1s can meaningfully improve insulin resistance.
Triglycerides	Triglycerides are a type of fat in your blood. Elevated levels are closely linked to insulin resistance and metabolic imbalances like PCOS, which can interfere with ovulation. Triglycerides often improve quickly with dietary changes and medications like Metformin and GLP-1s.
Total Cholesterol	Total cholesterol measures the overall level of cholesterol in your blood, combining LDL, HDL, and other lipid fractions. Abnormal levels often travel alongside insulin resistance and metabolic imbalances like PCOS. Your clinician reads this as part of the broader metabolic picture alongside your other lipid markers.
HDL Cholesterol	HDL is your “good” cholesterol and helps clear excess “bad” cholesterol from your bloodstream. Higher levels are protective. Low HDL is commonly seen with insulin resistance and metabolic imbalances like PCOS — both of which can interfere with ovulation and hormone balance.
LDL Cholesterol	LDL is your “bad” cholesterol — the type most associated with cardiovascular risk. Elevated levels are commonly seen alongside insulin resistance and metabolic imbalances like PCOS, both of which can interfere with ovulation and egg quality.
Cholesterol-to-HDL Ratio	The cholesterol/HDL ratio compares your total cholesterol to your HDL — a useful way to assess cardiovascular and metabolic risk as part of the broader picture.
Non-HDL Cholesterol	Non-HDL cholesterol measures all cholesterol in your blood except HDL. It gives a broader picture of cardiovascular risk than LDL alone and is another useful marker for metabolic health.

Female blood and nutrition

Marker	What this measures
Basophils Percent	Basophils percent indicates the proportion of your white blood cells engaged in inflammatory responses. As a standard component of your blood count differential, your clinician uses this marker to monitor underlying immune activity and systemic inflammation.
Basophils Count	Basophils count represents the absolute quantity of these specific white blood cells in your circulation. As a standard component of your blood count differential, your clinician uses this marker to monitor underlying immune activity and systemic inflammation.
Eosinophils Percent	The percentage of white blood cells that are eosinophils, involved in allergic and inflammatory responses. Part of your blood count panel differential.
Eosinophils count	The total number of eosinophils in your blood. Included as part of your blood count panel differential.
Ferritin	Ferritin measures your stored iron. Adequate iron stores directly support ovulation and become even more critical during pregnancy as blood volume increases substantially. Beyond uses a stricter fertility threshold than standard labs; ferritin below 40 is associated with significantly reduced ovulation rates, even when a standard result looks normal. Supplementation is safe and can meaningfully improve outcomes when stores are low.
Vitamin D	Vitamin D supports hormone production and ovarian function. Low levels are associated with reduced pregnancy rates, more severe PCOS symptoms, and a higher risk of complications during pregnancy. Beyond uses a stricter fertility threshold than standard labs. When levels are low, supplementation is safe and effective.
ABO Blood Group	Your blood type — A, B, AB, or O — is documented as part of standard pregnancy safety planning. In the rare event of significant bleeding during pregnancy or delivery, knowing your blood type ensures compatible blood is available quickly.
Rh Type	Your Rh factor determines whether you are Rh-positive or Rh-negative. If you are Rh-negative and your baby inherits a positive blood type, your immune system can develop antibodies that affect the pregnancy. A preventive injection given during pregnancy protects against this — making it important to know your Rh status ahead of time.
Red Blood Cell Antibody Screen	An antibody screen checks for unexpected proteins in your blood that could cross the placenta and affect a baby's red blood cells. It's a standard part of pre-pregnancy screening — most results are negative, and if something is found, your clinician will factor it into your pregnancy plan.