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Beyond the Standard Panel — A Testing Reference

Standard tests identify established disease well. These additional markers can help reveal an earlier trajectory across metabolic, cardiovascular, inflammatory, thyroid, liver and micronutrient domains.

Area	Standard test	Earlier marker to add	Why it matters
Diabetes risk	HbA1c, fasting glucose	**Fasting insulin + HOMA-IR**	Insulin resistance typically precedes a measurable glucose rise by years — raised fasting insulin with normal glucose is the window where intervention matters most.
Cardiovascular risk	Standard lipid panel	**ApoB, Lp(a) (once)**	ApoB tracks the number of artery-damaging particles, not just the cholesterol packed inside them; Lp(a) is a largely genetic, independent risk factor worth testing once.
Inflammation	None routine	**hs-CRP**	Predicts cardiovascular events independent of cholesterol levels — a cheap, widely available test rarely ordered outside acute illness.
Thyroid	TSH alone	**Free T3, free T4, TPO/TgAb antibodies**	A normal TSH can sit alongside low free T3 or rising antibodies years before TSH itself moves.
Liver	ALT/AST	**FIB-4 (calculated from age, ALT, AST, platelets)**	No new test required — flags early fatty liver risk before enzymes rise.
Micronutrients	Usually none	**Vitamin D, ferritin, homocysteine**	A normal full blood count doesn't rule any of these out.

Scope note: This isn’t a replacement for a GP’s diagnostic pathway — standard testing is built to catch disease once it’s present. This reference is for the years before that, where functional and longevity-focused practice does its work.

Educational reference only. Interpret testing within professional scope, clinical context and applicable local guidance.