

AMERICAN LONGEVITY INSTITUTE

List of Lab Tests

PATIENT: First Name _____ M.I. _____ Last Name _____

No _____

Diagnosis _____

Address: Street _____ Apt# _____ City _____ State _____ Zip _____

Date of Birth _____ Sex : M F

Doctor _____

BLOOD

CBC	Thyroid Hormone Panel	DHEA and Pregnenolone Panel
Hemoglobin*	TSH*	DHEA
Hematocrit*	Thyroid Stimulating Immunoglobulin (TSI)	DHEA Sulfate
Erythrocytes*	Thyroid Peroxidase Antibodies (ATPO)*	Pregnenolone
Leukocytes*	Thyroglobulin Antibodies (ATG)	Growth Hormone Panel
Thrombocytes*	Thyroglobulin	Somatomedin C (IGF-1)*
APTT	Total T3	IGFBP-3
Fibrinogen*	Free T3*	PSA Panel
Lipid Panel	Total T4	PSA* (for men only)
Cholesterol Total*	Free T4	Free PSA*(for men only)
HDL-cholesterol*	rT ₃ *	Vitamins & Micronutrients Panel
LDL- cholesterol*	Free T ₃ / rT ₃ Ratio*	Cadmium
Triglycerides*	Cortisol Panel	Calcium*
Homocysteine	ACTH	Carbon Dioxide*
Biochemistry Panel	Transcortine (CBG)	Chloride*
Urea Nitrogen*	Cortisol Total 8 am	Chromium
Creatinine*	Cortisol Free 8 am	Copper
Alkaline Phosphatase*	Cortisol Total 4 pm	Folate
Gamma-GT	Cortisol Free 4 am	Ferritin
ALT*	Aldosterone Panel	Magnesium
AST*	Aldosterone	Phosphate*
Cholinesterase	Sex Hormones Panel	Potassium*
Protein Total*	LH*	Selenium
Albumin*	FSH*	Sodium*
Globulin*	Prolactin	Zinc
Albumin/Globulin Ratio*	Estradiol*	Vitamin A
Bilirubin Total*	Estrone	Vitamin B1
Bilirubin Direct*	Estriol	Vitamin B2
Comprehensive Metabolic Panel	Progesterone*	Vitamin B3
Insulin (Fasting)*	SHBG*	Vitamin B6
Glucose (Fasting)*	AMH (for women only)	Vitamin D 25- Hydroxy
HbA1-c	Testosterone Total	Vitamin D 1.25- Dihydroxy
HOMA*	Testosterone Free*	Vitamin E
C - Peptide	Dihydrotestosterone* (for men only)	Vitamin K

24-HOURS URINE

Calcium	Creatinine	Aldosterone
Iodine	2-OH/16-OH Ratio*(for women only)	Free T ₃
Magnesium	2-OH, 4-OH, 16-OH Estrone	Free T ₄
Phosphorus	6-Sulfatoxy-Melatonin	GH
Potassium	17-Keto-Corticoids	Testosterone Free
Sodium	17-OH-Corticoids	Cortisol Free

SALIVA

Free Cortisol (8 am, 12	DHEA-S*	Cortisol AM/ DHEA-S Ratio*
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	pm, 4 pm, 12 am, total daily)*			
	Melatonin			

*** Essential Labs for Initial Visit**

_____/_____
Signature of Doctor Date