

Fertility Lab Work Request Sheet

Bring this to your doctor — know what to test and what results mean

Female Fertility Panel

TEST	WHEN TO TEST	OPTIMAL RANGE	WHY IT MATTERS
AMH (Anti-Müllerian Hormone)	Any day	1.0–3.5 ng/mL	Ovarian reserve indicator
FSH (Follicle-Stimulating Hormone)	Day 3 of cycle	3–9 mIU/mL	High = diminished reserve
Estradiol (E2)	Day 3 of cycle	25–75 pg/mL	High day-3 = poor response
LH (Luteinizing Hormone)	Day 3 of cycle	2–6 mIU/mL	LH:FSH ratio matters for PCOS
Progesterone	7 days post-ovulation	>10 ng/mL	Confirms ovulation
TSH (Thyroid)	Any day	1.0–2.5 mIU/L	Tighter range for fertility
Free T4 & T3	Any day	Mid-range	Full thyroid picture
Thyroid antibodies (TPO, TG)	Any day	Negative	Rule out Hashimoto's
Vitamin D (25-OH)	Any day	40–60 ng/mL	Low = implantation issues
Ferritin	Any day	>40 ng/mL	Low even with normal hemoglobin affects fertility
Fasting insulin	Any day, fasting	<8 mIU/L	Insulin resistance disrupts ovulation
DHEA-S	Any day	150–350 µg/dL	Adrenal androgen marker
Prolactin	Morning, fasting	2–29 ng/mL	High = disrupts ovulation

Male Fertility Panel

TEST	WHEN TO TEST	OPTIMAL RANGE	WHY IT MATTERS
Semen analysis	2-5 days abstinence	See WHO criteria below	Foundation of male workup
Total testosterone	Morning (before 10am)	500-900 ng/dL	Optimal, not just 'normal'
Free testosterone	Morning	15-25 pg/mL	More meaningful than total
FSH	Any day	1.5-8 mIU/mL	High = testicular issue
LH	Any day	1.8-8.6 mIU/mL	Pituitary function
Estradiol	Any day	10-40 pg/mL	High E2 impairs sperm
Prolactin	Morning, fasting	2-18 ng/mL	Elevated = pituitary issue
TSH	Any day	1.0-2.5 mIU/L	Thyroid affects sperm production
Vitamin D	Any day	40-60 ng/mL	Low correlates with poor motility
Zinc (RBC or serum)	Any day	80-120 mcg/dL	Essential for sperm production

WHO Semen Analysis Criteria (2021)

VOLUME
≥1.5 mL

CONCENTRATION
≥16 million/mL

TOTAL COUNT
≥39 million

MOTILITY
≥42% total

PROGRESSIVE MOTILITY
≥30%

MORPHOLOGY
≥4% normal

If your doctor says results are 'normal,' ask for the actual numbers. Lab reference ranges are based on population averages — 'normal' is not the same as 'optimal' for fertility.