

Timeline for Laboratory Tests on Estradiol

Baseline

- Health maintenance labs if indicated: lipids, glucose or A1c if FH diabetes
- Prolactin if on atypical antipsychotics or daily headaches of unclear type
- Consider TSH & vitamin D if severe depression
- Consider venous thrombosis panel if FH early stroke or DVT/PE, or if a smoker and not ready to quit
- Consider LFTs if there is a concern for alcohol use
- BMP if starting spironolactone
- STI testing unless recently done. Consider hepatitis A & B titers to assess need for immunizations
- Baseline estradiol level not indicated

4 weeks after starting estradiol

- Monitor for positive & adverse effects that may indicate need for specific labs, e.g., RUQ pain -> LFTs
- Checking an estradiol level is seldom indicated until after the 2nd or 3rd dosing level, as the initial level won't be near target range
- Prolactin if daily headaches or galactorrhea (do this any time hereafter if applies)

Or spironolactone

- BMP

3 months after starting/ changing estradiol

- Monitor for positive & adverse effects
- Estradiol & testosterone levels (just testosterone if on oral estradiol)

Or spironolactone

- BMP; hereafter, check a BMP every 6 months, unless there has been a change in spironolactone dose, addition of an ACEI or ARB, or other clinical scenario where lytes or renal function may be affected

6 months after starting estradiol

- Monitor for positive & adverse effects
- Check hormone levels if secondary sexual characteristics not proceeding as expected

12 months after starting estradiol and annually thereafter

- Monitor for positive & adverse effects
- Check hormone levels if secondary sexual characteristics not proceeding as expected
- Health maintenance labs as indicated

STI testing at any time appropriate or requested. Additional considerations:

- **Be sure to check all sites that have been used in sexual interaction for gonorrhea or chlamydia. Urine samples can be used for either type of anatomy. The orange NAAT tubes can be used in the following locations:**
 - Throat
 - Vagina
 - Rectal
- **If may be in a sexual network where there may be individuals at high risk of HIV, such as men who have sex with men or persons who use IVDU, check syphilis & HIV tests quarterly. Consider hepatitis C testing annually.**
- **Herpes and vaginitides potentiate transmission of other STIs, so consider prophylaxis & treatment even if not significantly symptomatic.**
- **If on Truvada for pre-exposure prophylaxis, needs an HIV test every 3 months and a BMP every 6 months (to monitor for renal sequelae of tenofovir diproxil).**