



The longevity blood panel

Fourteen markers worth asking your doctor for, what each one tells you, and a sheet to track them over years — because a trend beats a snapshot.

The markers that best predict how long you stay healthy are cheap and sit on most laboratory menus. Four of them — ApoB, lipoprotein(a), fasting insulin and hs-CRP — are simply not on the default panel, so you have to ask. This sheet is the list to bring to the appointment.

It deliberately gives no target numbers. 'Normal' on a lab report often means 'not yet diseased' rather than 'optimal', and the right target for you depends on your overall risk, which is a conversation for a clinician. What it does give is the reason each marker is on the list, how often it is worth repeating, and columns to write your results in — so that next year you are comparing against yourself.

The panel

Marked cadences are typical for a healthy adult. A clinician managing a condition will set their own.

MARKER	WHAT IT TELLS YOU	HOW OFTEN	YOUR RESULT	DATE
ApoB ^{[1][2]}	Counts the cholesterol-carrying particles that drive plaque. A better gauge of risk than LDL-C when the two disagree.	Yearly		
LDL cholesterol ^[1]	The standard 'bad cholesterol'. Causally linked to cardiovascular disease — lower for longer is better.	Yearly		
HDL cholesterol	Context for the lipid picture. A low value flags metabolic trouble more than a high one protects.	Yearly		
Triglycerides (fasting)	Fat in the blood. Elevated values track with insulin resistance and with what you eat.	Yearly		
Lipoprotein(a) ^[3]	A genetically set particle that raises cardiovascular risk independently of LDL. Largely fixed for life, so one test is usually enough.	Once		
HbA1c ^[4]	Average blood sugar over roughly three months. Predicts cardiovascular risk even below the diabetes threshold.	Yearly		
Fasting glucose ^[5]	Blood sugar after an overnight fast. Risk rises with the number, not only past a cut-off.	Yearly		
Fasting insulin	Often climbs years before glucose does — an early signal of insulin resistance that a glucose test alone can miss.	Yearly		

MARKER	WHAT IT TELLS YOU	HOW OFTEN	YOUR RESULT	DATE
hs-CRP ^[6]	Low-grade inflammation. Predicts cardiovascular events independently of cholesterol.	Yearly		
Vitamin D (25-OH)	Depends on sun exposure, diet and season.	Yearly		
Ferritin	Iron stores. Low explains fatigue and poor recovery; high can also signal inflammation.	Yearly		
TSH	Thyroid function — energy, weight and temperature regulation.	If symptoms or a previous result suggest it		
ALT / AST / GGT	Liver enzymes. Sensitive to alcohol, medication and fatty liver.	Yearly		
Creatinine / eGFR	Kidney filtration — a quiet marker that matters more with age and with supplement use.	Yearly		

Before the draw

Consistency is what makes year-on-year comparison meaningful.

- ☐ Fast for 10–12 hours beforehand; water is fine. Glucose and insulin need it — ask your lab whether they want lipids fasted; many no longer do.
- ☐ Same time of day each year, ideally morning — several markers move with the clock.
- ☐ Same conditions: no hard training in the 24 hours before, no alcohol in the 48 hours before, and not while ill.
- ☐ Bring this sheet and ask specifically for ApoB, fasting insulin, hs-CRP and Lp(a). They are rarely on the default panel.

Reading the results

A number on a page changes nothing. The value is in turning it into a baseline, a target and a trend.

- ☐ Your first result is a baseline, not a verdict.
- ☐ Set targets with a clinician. Guideline thresholds depend on your overall risk, and 'in range' is not the same as 'optimal'. ^[7]
- ☐ A trend beats a snapshot. Retest at the cadence above and after any real change — diet, training, medication.
- ☐ Read numbers next to how you live. Sleep, training load, a recent illness and a big meal the night before all move markers.

How to use it

- 1 Print the sheet and take it to your next appointment. Ask for the four markers that are not on the default panel by name.
- 2 Write the results and the date in the columns. Keep the same sheet for next year — the comparison is the point.
- 3 Discuss targets with your clinician, not with a search engine. Write the agreed targets in the margin.
- 4 In Lamplit, the free lab-test tracker stores each result with its date, and photographing the report fills the values in for you (five photo reads a month on the free plan) — so the trend chart builds itself over years.

Prefer your phone to paper?

The same lab-test log is built into Lamplit, free: it logs the entries for you and keeps sleep, mood, food and training in one place. Web, iPhone, Android, Apple Watch and Wear OS.

lamplit.ai — free account, no credit card

Sources

Where an item rests on a specific source, the number in brackets points to it. Every source is linked.

1. Ference, B.A. et al. (2017). Low-density lipoproteins cause atherosclerotic cardiovascular disease. A consensus statement from the European Atherosclerosis Society Consensus Panel. *European Heart Journal*, 38(32), 2459–2472. <https://doi.org/10.1093/eurheartj/ehx144>
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3. Kronenberg, F. et al. (2022). Lipoprotein(a) in atherosclerotic cardiovascular disease and aortic stenosis: a European Atherosclerosis Society consensus statement. *European Heart Journal*, 43(39), 3925–3946. <https://doi.org/10.1093/eurheartj/ehac361>
4. Selvin, E. et al. (2010). Glycated hemoglobin, diabetes, and cardiovascular risk in nondiabetic adults. *New England Journal of Medicine*, 362(9), 800–811. <https://doi.org/10.1056/NEJMoa0908359>
5. The Emerging Risk Factors Collaboration (2010). Diabetes mellitus, fasting blood glucose concentration, and risk of vascular disease: a collaborative meta-analysis of 102 prospective studies. *The Lancet*, 375(9733), 2215–2222. [https://doi.org/10.1016/S0140-6736\(10\)60484-9](https://doi.org/10.1016/S0140-6736(10)60484-9)
6. Ridker, P.M. et al. (2002). Comparison of C-reactive protein and low-density lipoprotein cholesterol levels in the prediction of first cardiovascular events. *New England Journal of Medicine*, 347(20), 1557–1565. <https://doi.org/10.1056/NEJMoa021993>
7. Mach, F. et al. (2020). 2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk. *European Heart Journal*, 41(1), 111–188. <https://doi.org/10.1093/eurheartj/ehz455>

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This sheet is educational and is not medical advice, a diagnostic tool or a treatment plan. Blood results must be interpreted by a qualified clinician in the context of your history. Do not start, stop or change any medication or supplement on the basis of this document.