

THE PEP BLOOD WORK GUIDE

FASTING BASELINE, BEFORE YOU START ANYTHING

RESEARCH REFERENCE ONLY: this is a list of lab panels people commonly ask a clinician for before and during peptide research, not medical advice, a diagnosis, or a prescription. Order and interpret labs with a licensed clinician.

Before starting most peps, get the following fasting baseline blood work. This provides a clean comparison if anything changes later, so you actually know whether a number moved because of the pep or because it was already drifting on its own.

Core baseline panel

Ask for:

- CBC with differential
- Comprehensive metabolic panel, including:
 - Creatinine and eGFR
 - BUN
 - Sodium and potassium
 - AST, ALT, alkaline phosphatase and bilirubin
 - Albumin and total protein
 - Fasting glucose
- Hemoglobin A1c
- Fasting lipid panel
- TSH and free T4
- Urinalysis
- Blood pressure, resting heart rate, weight and waist measurement

This is the panel to run first, before adding anything from the sections that follow. Everything after this page is additional, stacked on top of this baseline for specific compound categories.

ADD THESE FOR SPECIFIC PEPS

GH / SECRETAGOGUES AND WEIGHT LOSS COMPOUNDS

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HGH, Tesamorelin, CJC-1295, Ipamorelin or Sermorelin

- IGF-1 with age-adjusted Z-score
- Hemoglobin A1c
- Fasting glucose
- Fasting insulin, optional but useful
- TSH and free T4
- Lipid panel

IGF-1 is the key monitoring marker. A random growth hormone level is generally not useful because GH is released in pulses. Tesamorelin labeling specifically recommends checking glucose before treatment and monitoring IGF-1 during treatment ([FDA tesamorelin prescribing information](#)).

R3ta, Zepbound, semaglutide or similar weight-loss compounds

- Hemoglobin A1c
- Fasting glucose
- Comprehensive metabolic panel
- Fasting lipid panel
- Triglycerides
- Urine albumin-to-creatinine ratio if diabetic
- Pregnancy test when applicable

Lipase and amylase are not routinely necessary. Consider them if there is a history of pancreatitis, very high triglycerides, or current upper-abdominal symptoms. Kidney function becomes especially important if nausea, vomiting, diarrhea or dehydration develops ([FDA Zepbound prescribing information](#)).

ADD THESE FOR SPECIFIC PEPS

HEALING, COPPER, AND THE NO-ESTABLISHED-PROTOCOL GROUP

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BPC-157, TB-500, KPV or Wolverine Blend

There is no validated blood marker that proves these are safe or working. Use:

- CBC
- Comprehensive metabolic panel
- Hemoglobin A1c
- CRP and ESR if tracking inflammation
- Baseline documentation of pain, swelling, strength and range of motion

KLOW, GLOW or injectable GHK-Cu

- CBC
- Comprehensive metabolic panel
- Serum copper and ceruloplasmin, especially with prolonged systemic use or liver disease
- CRP or ESR if inflammation is being tracked

NAD+, MOTS-C, SS-31, Semax or Selank

There are no established clinical monitoring protocols. Use:

- CBC
- Comprehensive metabolic panel
- Hemoglobin A1c
- Fasting lipid panel
- TSH and free T4

IF YOU'RE ALSO ON TRT, AND WHEN TO REPEAT

HORMONE ADD-ONS AND THE RETEST SCHEDULE

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If the person is also on TRT, add:

- Total testosterone
- Free testosterone
- Sensitive estradiol
- SHBG
- PSA for appropriate men
- CBC with close attention to hemoglobin and hematocrit
- Comprehensive metabolic panel
- Lipid panel

When to repeat

- Repeat the relevant labs about 8 to 12 weeks after starting or changing the protocol.
- For HGH or GH-stimulating compounds, repeat IGF-1, fasting glucose and A1c.
- For weight-loss compounds, repeat kidney function sooner if significant vomiting, diarrhea, constipation with poor intake, or dehydration occurs.
- Continue approximately every 3 to 6 months while actively using the compounds.

The clean practical order, for someone running a broader stack

CBC, CMP, A1c, fasting glucose, fasting insulin, lipid panel, TSH, free T4, IGF-1 with Z-score, urinalysis, PSA, total testosterone, free testosterone, estradiol and SHBG.

This is the combined list, not a new panel. Pull the boxes above that apply to what you are actually running, and this is the order that keeps the draw efficient.

Educational content, read the research. This document is not medical advice, a diagnosis, a treatment plan, or a substitute for a licensed clinician who knows your history. Discuss any lab result or health decision with a qualified clinician.