

# Blood Test Preparation Checklist



## 7 Days Before Your Test

- ☐ Stop herbal supplements (St. John's Wort, echinacea, ginseng, etc.)
- ☐ Inform healthcare provider about all medications and supplements you take regularly
- ☐ Check if any prescription medications need adjustment before testing
- ☐ Begin planning for appropriate fasting if required

## 3-5 Days Before Your Test

- ☐ Stop biotin supplements (Vitamin B7, found in many hair/skin/nail vitamins and B-complexes)
- ☐ Discontinue creatine supplements
- ☐ Stop high-dose Vitamin C supplements
- ☐ Avoid fish oil/omega-3 supplements (especially for lipid or clotting tests)
- ☐ Temporarily discontinue zinc supplements (if testing for copper or iron)
- ☐ Note your vitamin D intake (may affect calcium test results)
- ☐ Avoid unusually strenuous exercise or significant changes to your exercise routine

## 24-48 Hours Before Your Test

- ☐ Review your lab requisition form for specific instructions
- ☐ Make note of required fasting time (typically 8-12 hours)
- ☐ Inform healthcare provider about all medications and supplements
- ☐ Avoid alcohol consumption
- ☐ Plan for adequate hydration (drink extra water)
- ☐ Schedule your test for the appropriate time (morning for most tests)
- ☐ Avoid unusually strenuous exercise

## The Night Before

- ☐ Eat a normal, balanced dinner (unless instructed otherwise)
- ☐ Begin fasting at the appropriate time if required
- ☐ Continue drinking water (hydration is important)
- ☐ Take medications as directed by your healthcare provider
- ☐ Get 7-8 hours of sleep
- ☐ Avoid caffeine for at least 12 hours before the test
- ☐ Set out comfortable clothing with easy access to your arms



## The Morning of Your Test

- ☐ Continue fasting if required (water is still allowed and encouraged)
- ☐ Take morning medications only if approved by your doctor
- ☐ Drink 1-2 glasses of water 1-2 hours before your appointment
- ☐ Avoid smoking or using nicotine products
- ☐ Skip your morning workout
- ☐ Bring your ID and insurance information
- ☐ Arrive 15 minutes early to reduce stress
- ☐ Bring your complete list of medications and supplements



## Important Information for Your Healthcare Provider

### Medications I'm currently taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Supplements I'm currently taking:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Recent illnesses or significant changes in health:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Questions to ask my healthcare provider:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*This checklist is intended as a general guide. Always follow the specific instructions provided by your healthcare provider for your particular tests.\*