Essential blood tests for transgender people on hormone therapy

Evaluate every 3 months in the first year and then 1-2 times per year thereafter

Feminising	Trans women	Transfeminine (incl. non-binary) individuals
Blood Tests		Target Ranges
Oestradiol (E2)		Oestradiol (pmol/L*): 370-730
Total testosterone (T)		Testosterone (nmol/L*): less than 1.7
If taking cyproterone or bicalutamide: liver (LFT)		
If taking spironolactone: kidney (U&E) + potassium (morning sample)		
Preferred Time to Test		
Injection: just before next dose		Gel: few hours after application
Patch: day after chang	ge	
Masculinising Trans men Transmasculine (incl. non-binary) individuals		
Blood Tests and Ma		Target Ranges
Blood Tests and Ma		Target Ranges
Blood Tests and Mo	onitoring	Target Ranges
Blood Tests and Mo Total testosterone (T) Haematocrit (FBC)	onitoring s + HbA1c	Target Ranges
Blood Tests and Mo Total testosterone (T) Haematocrit (FBC) Blood pressure + Lipids	onitoring s + HbA1c Test	Target Ranges
Blood Tests and Mo Total testosterone (T) Haematocrit (FBC) Blood pressure + Lipids Preferred Time to T	onitoring s+HbA1c Fest ay between doses	Target Ranges Testosterone (nmol/L*): 14-24

*units differ in guidelines vs Irish labs (ng/dl vs nmol/l; pg/ml vs pmol/l)
Source: World Professional Association for Transgender Health (WPATH) Standards of Care
Version 8, viewable at wpath.org/publications/soc8.

Why provide blood tests

Blood tests are essential healthcare for trans people undergoing gender-affirming hormone therapy. All primary care providers should support their trans patients by providing regular blood tests to monitor their hormone levels. Here's why:

To ensure the patient is on a suitable hormone dose: Given the potential harm associated with hormone levels that exceed expected ranges, comparing the patient's hormone levels with standard reference ranges is necessary to ensure they are receiving the correct dose.

To identify potential health risks and monitor for comorbidity: Blood tests can help reduce health risks by presenting them in results before they become serious, whereas unmonitored hormone therapy poses greater risks.

To adhere to international best practice in trans healthcare: Both the WPATH (2022) and Endocrine Society (2017) guidelines recommend regular laboratory monitoring of hormones as a standard practice.

Regular blood testing is essential to providing person-centred care and engaging in a harm reduction approach for trans people.

Disclaimer: This resource is intended as a general clinical aid. It does not replace professional judgement. Practitioners are responsible for ensuring they consult the most up-to-date clinical guidance, as reference ranges and recommendations may change over time.

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