



Assessment Report

PATIENT DETAILS

Name **Fleur Jansen**
Gender **Female**
Age **38 years**
Date of birth **22-01-1988**

TEST DETAILS

Test Date **09-06-2026**
Report date **12-06-2026**
Location **Utrecht Oost**
Laboratory **Star-SHL**

OVERALL ASSESSMENT

This blood was drawn on cycle day 3, and every reference range below is the follicular one that goes with it. Without that cycle day a hormone result cannot be interpreted, so it is stated explicitly throughout.

Six of the eight values are within range. Your AMH is low for your age and your ferritin is low. Neither is worrying, but both are relevant enough to discuss.

KEY FINDINGS

AMH low (8.2 pmol/L)

ATTENTION

Below the 9.0 lower limit. AMH is a measure of ovarian reserve and declines with age. This value says something about the number of eggs, not their quality, and on its own does not predict whether you can conceive.

Ferritin low (16 µg/L)

ATTENTION

Below the 20 lower limit. In menstruating women this is one of the most common causes of persistent fatigue, even without anaemia.

FSH, LH and estradiol consistent with cycle day 3

GOOD

FSH 7.1 U/L, LH 5.4 U/L and estradiol 142 pmol/L all sit within the follicular ranges. An FSH under 10 on day 3 is favourable.

Prolactin and thyroid normal

GOOD

Prolactin 412 mU/L and TSH 2.6 mU/L. These are the two values routinely screened for when there are cycle complaints, and both are normal.

DETAILED ANALYSIS

Hormones

ATTENTION

Your FSH is 7.1 U/L and your LH 5.4 U/L, both within the follicular range. An FSH under 10 on cycle day 3 indicates normal pituitary signalling to the ovaries.

Your estradiol of 142 pmol/L and progesterone of 1.4 nmol/L fit the early follicular phase — progesterone is supposed to be low at this point and only rises after ovulation.

Your AMH is 8.2 pmol/L, just below the lower limit. AMH reflects the remaining egg reserve. It declines gradually over the years and a value like this is not unusual at 38. Worth knowing: AMH says nothing about egg quality and is not on its own a predictor of the chance of pregnancy.

Thyroid

NORMAL

Your TSH is 2.6 mU/L, within range. Disturbed thyroid function is a common and readily treatable cause of cycle disturbance; it is excluded here.

Minerals

ATTENTION

Your ferritin is 16 µg/L, below the 20 lower limit. Ferritin is the storage form of iron and depletes before hemoglobin falls. In menstruating women, monthly blood loss is the usual explanation.

At a ferritin in this range, fatigue, breathlessness on exertion and hair loss are recognised complaints, even when the blood count is still normal.

RECOMMENDATIONS

1

Read the AMH in context, not as a standalone number

If you are trying to conceive, discuss this value with a gynaecologist alongside your age, your cycle and any relevant history. A single AMH is one piece of the picture, not a conclusion.

2

Address the iron stores

Red meat, lentils, tofu and dark leafy greens, combined with vitamin C at the meal. Talk to your GP before taking an iron supplement, and if menstrual blood loss is heavy have your hemoglobin measured too.

3

Repeat hormone tests on cycle day 3 again

Only measurements taken on the same cycle day are comparable with each other. Schedule any follow-up for day 2 to 5 of the cycle.

NEXT STEPS

Start with the ferritin and have it measured again in three months, together with your hemoglobin.

Contact your GP or gynaecologist if you are trying to conceive, or if symptoms persist. This report does not replace a consultation.

TEST RESULTS

Results Overview

8 results tested

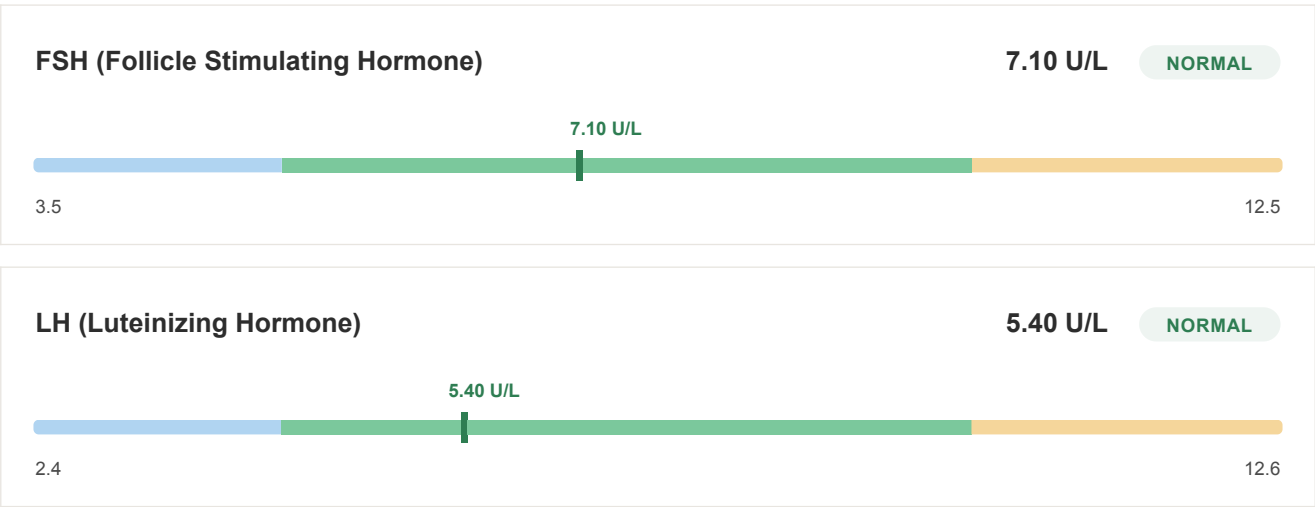
2 of 8 results outside reference range

MARKER	RESULT	REFERENCE	ASSESSMENT
AMH (Anti-Müllerian Hormone)	8.20 pmol/L	9.00 - 47.00 pmol/L	LOW
Ferritin	16.00 µg/L	20.00 - 200.00 µg/L	LOW

Points of attention (2)



Within reference (6)



Estradiol (E2)

142.00 pmol/L

NORMAL



Progesterone

1.40 nmol/L

NORMAL



Prolactin

412.00 mU/L

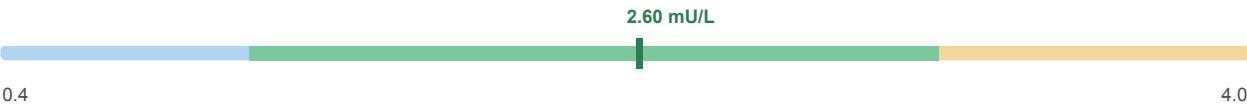
NORMAL



TSH (Thyroid Stimulating Hormone)

2.60 mU/L

NORMAL



SAMPLE REPORT — FICTIONAL VALUES FOR A PERSON WHO DOES NOT EXIST. NOT MEDICAL ADVICE.

DISCLAIMER

This report was prepared by a BIG-registered doctor. It does not replace a personal medical consultation. Always consult your general practitioner if you have questions.

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