UNDER-INVESTIGATED

YOU ARE NOT UNEXPLAINED. YOU ARE UNDER-INVESTIGATED.

DR. ALLISON PAOLINI, PH.D., NCC

MY STORY

UNDER-INVESTIGATED

I WAS TOLD EVERYTHING LOOKED NORMAL

MY TESTS WERE NORMAL. MY EMBRYOS WERE STRONG. THE TRANSFERS STILL FAILED. THE ANSWER WAS NOT THAT NOTHING WAS WRONG. THE ANSWER WAS THAT THE RIGHT SYSTEMS HAD NOT BEEN INVESTIGATED.

THE SHIFT

WHEN I MOVED BEYOND THE STANDARD WORKUP AND EXAMINED IMMUNE, INFLAMMATORY, AUTOIMMUNE, AND CLOTTING PATHWAYS TOGETHER, THE CLINICAL PICTURE FINALLY MADE SENSE.

WHY I CREATED THIS

YOU DESERVE LANGUAGE FOR THE QUESTIONS YOU HAVE NOT BEEN GIVEN PERMISSION TO ASK.

THE GAP NOBODY TOLD YOU ABOUT

UNDER-INVESTIGATED

WHAT A STANDARD WORKUP CHECKS

EMBRYO QUALITY, UTERINE ANATOMY, OVARIAN RESERVE, SEMEN FACTORS, COMMON HORMONES, AND SELECTED GENETIC OR CLOTTING CONCERNS.

WHAT IT MAY NOT CHECK

IMMUNE-CELL ACTIVITY, CYTOKINE BALANCE, CHRONIC LOW-GRADE INFLAMMATION, AUTOIMMUNE SIGNALING, AND THE INTERACTION BETWEEN CLOTTING AND IMMUNE PATHWAYS.

THE ANSWER

YOU MAY NOT BE UNEXPLAINED. YOU MAY BE UNDER-INVESTIGATED.

THE THREE TESTS THAT WERE NEVER ORDERED

UNDER-INVESTIGATED

TEST 1 · IMMUNE ACTIVITY

ASK WHETHER NATURAL KILLER CELL CYTOTOXICITY OR OTHER IMMUNE-FUNCTION TESTING IS CLINICALLY APPROPRIATE FOR YOUR HISTORY.

TEST 2 · INFLAMMATORY SIGNALING

ASK ABOUT HS-CRP, CRP, IL-6, TNF-ALPHA, AND HOMOCYSTEINE BASED ON YOUR SYMPTOMS AND TRANSFER HISTORY.

TEST 3 · AUTOIMMUNE + CLOTTING OVERLAP

ASK WHETHER THYROID ANTIBODIES, ANTIPHOSPHOLIPID ANTIBODIES, AND OTHER CLOTTING OR AUTOIMMUNE FINDINGS HAVE BEEN REVIEWED TOGETHER.

AFTER THE QUIZ

UNDER-INVESTIGATED

USE YOUR ANSWERS AS A MAP

BRING YOUR RESULTS AND QUESTIONS TO A QUALIFIED FERTILITY OR REPRODUCTIVE-IMMUNOLOGY CLINICIAN.

ASK THESE QUESTIONS

WHAT HAS ALREADY BEEN RULED OUT? WHAT HAS NEVER BEEN TESTED? WHICH FINDINGS WOULD CHANGE TREATMENT? WHEN IS SPECIALIST REFERRAL APPROPRIATE?

IMPORTANT

THIS GUIDE IS EDUCATIONAL AND DOES NOT DIAGNOSE DISEASE OR REPLACE INDIVIDUALIZED MEDICAL ADVICE. TESTING AND TREATMENT DECISIONS BELONG WITH YOUR LICENSED CLINICAL TEAM.