

A Patient Guide to i-screen Testing for hEDS, POTS & MCAS

Why Testing Matters

For people living with hEDS, POTS, and MCAS, symptoms are often invisible and dismissed in short clinic visits. Standard blood tests may come back "normal," even while patients feel profoundly unwell.

The difference with **i-screen** is that testing is **patient-led**. You don't need to wait for a GP referral or a flare to pass—you can order tests yourself, in real time, and take the results to your doctor. This helps capture what's happening inside your body when symptoms are at their worst.

At ConnectED, we believe this approach is critical to restoring **power**, **respect**, **and balance** to patients navigating complex conditions.

1. Three Types of Testing

We recommend organising your testing into three categories:

Purpose: establish a clear picture of your body when you are stable.

- FBC + Differential overall immune profile (watch for subtle patterns like monocytosis).
- UECs (Urea, Electrolytes, Creatinine) fluid balance, sodium, and potassium.
- Liver Function Tests (LFTs) metabolic health.
- Iron Studies + Ferritin iron status and inflammation.
- Active B12 & Folate one-carbon metabolism and energy pathways.
- Vitamin D immune regulation.
- **Thyroid Panel** fatigue, temperature regulation, mood.





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2. Flare Testing

Purpose: capture the body's stress and neuroimmune signals during a flare.

- FBC + Differential repeat to track immune shifts.
- Cortisol stress axis response.
- Whole Blood Histamine mast cell activation.
- Plasma Tryptase additional mast cell marker.
- **IL-6** key cytokine that spikes during inflammation and flare states.
- **Kynurenine Pathway Panel** quinolinic acid, kynurenic acid, 5-HIAA, HVA, VMA (tracks neurotoxin stress).
- Electrolytes (Na, K, Mg, Ca) acute shifts driving POTS and fatigue.
- Lactate + D-lactate markers of fermentation and dysbiosis.

This panel is unique: it can directly link flare symptoms to measurable biomarkers.

3. Maintenance & Nutritional Monitoring

Purpose: track nutritional status and support long-term health.

- **RBC Magnesium** true intracellular magnesium status.
- Zinc & Copper connective tissue balance, mast cell stability.
- Vitamin B6 (P5P via organic acids) cofactor stress marker.
- Vitamin C antioxidant and mast cell stabiliser.
- CoQ10 mitochondrial function.
- Homocysteine one-carbon metabolism stress.
- Organic Acids Test (OAT) broad insight into nutrient demand and gut health.

Why This Matters

- Real-time data: For the first time, patients can test during flares instead of after the fact.
- **Respect restored:** You can show your doctor objective results that match your symptoms.
- Patient-led power: No waiting for permission—just evidence, on your terms.
- Targeted care: Patterns emerge that guide both lifestyle and clinical interventions.





FAQs

Q: Do I need a doctor to order i-screen tests?

A: No. i-screen is patient-led. You can order tests directly and then take results to your GP or specialist.

Visit-screen here: https://www.i-screen.com.au/?referral=connected&utm_swu=7663

Q: Can I build a custom panel?

A: Yes. i-screen allows you to choose from a wide range of tests to create a personalised bundle.

Q: How often should I test?

A: Baseline once, flare testing when symptomatic, and maintenance every 6–12 months depending on your care plan.

About the Author

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Tracy is an intensive care nurse and systems thinker with lived experience of hypermobile Ehlers-Danlos syndrome (hEDS), dysautonomia, and mast cell activation. She is the founder of **ConnectED Health**, an initiative combining clinical research, patient insight, and AI technology to improve diagnosis and care for complex, multisystemic conditions. Tracy works collaboratively with researchers and clinicians to bridge the gap between emerging science and real-world patient care.