Perimenopause and menopause should be diagnosed without laboratory tests in otherwise healthy women aged over 45 years, on the basis of vasomotor symptoms, irregular periods and amenorrhea.

Levels of follicle-stimulating hormone (FSH)
- These are used to diagnose early menopause in symptomatic women aged 40–45 years.
- They are also used to diagnose premature ovarian insufficiency in women under the age of 40, with two samples taken 4–6 weeks apart.
- Premature ovarian insufficiency should not be diagnosed on the basis of a single blood test.
- Levels should not be measured in women using combined estrogen and progestogen contraception or high-dose progestogen, as they may be suppressed and the results difficult to interpret.
- FSH levels should not be used to monitor menopausal hormone therapy.
- Menopausal women have FSH levels >30 IU/l.

Markers of ovarian reserve
These are used in the assessment of premature ovarian insufficiency. They include:
- Anti-Mullerian hormone
- Inhibin A and inhibin B
- Antral follicle count and ovarian volume

Further tests for premature ovarian insufficiency
- Karyotyping (for diagnosis of Turner syndrome)
- Test for Y chromosome material
- Fragile-X premutation testing
- Autoantibody screen (adrenal, thyroid)

Other tests
These include:
- Thyroid function tests (free thyroxine [T4] and thyroid stimulating hormone)
- Prolactin levels
- Testosterone levels
- Plasma or urinary metanephrines (pheochromocytoma)
- Urinary 5-hydroxyindolacetic acid and serum chromogranin A/B (to test for carcinoid syndrome)

Estimated levels of luteinizing hormone (LH), estradiol, progesterone and testosterone are of no value in the diagnosis of ovarian failure.