

TRANSFORM·COACHING

FREE GUIDE · ENHANCED ATHLETES



A FREE GUIDE FROM JACK WALL

The Enhanced Athlete's Field Guide.

What each compound is actually known for, what it does to you behind the scenes, and what has to be in place before any of it is worth it.

BY JACK WALL · @JACK_TRANSFORMCOACHING

STRAIGHT TALK

You’ve made your mind up. Good.

If you’ve downloaded this, you’ve probably already decided. This isn’t a guide telling you not to. It’s the stuff most lads only learn the hard way: what each compound is actually known for, what it does to you behind the scenes, and what has to be in place before any of it is worth it.

I’ve been training since 2008 and gone from a 130lb skinny kid to over 270lbs. I’ve coached enhanced and natural athletes for years, and worked alongside some of the best coaches in the sport. Everything in here comes from that, and from my own bloods.

I understand that most people, including coaches, talk shit, and getting honest advice about how to actually make progress whilst taking into consideration your health is something that’s not currently that openly available. In this guide, I’m going to reference some of the dosages and protocols that I’ve run over the years (whether I thought they were good, whether they worked for me at the time, and things that didn’t work), so that you can make an informed decision on the route to take for yourself moving forwards.



JACK WALL • TRANSFORM COACHING

2008

TRAINING SINCE

130 → 270

LBS,

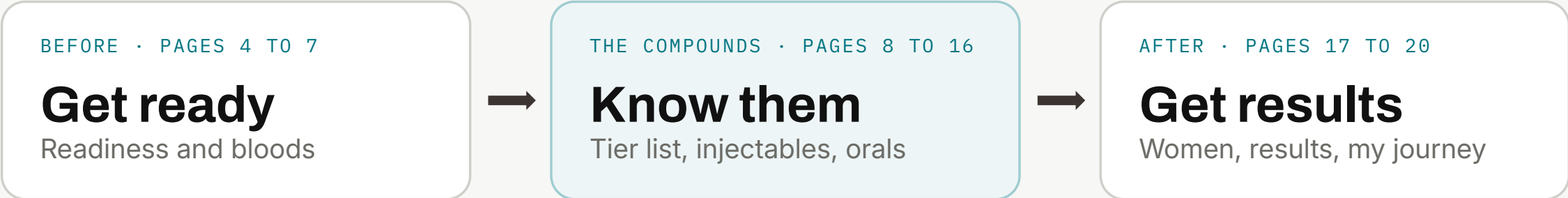
SKINNY KID TO NOW

EDUCATIONAL ONLY

This is not medical advice, and I’m not a doctor. Every compound in here carries health and legal risk, and how you respond is individual. Decisions you make are your own. If your bloods or blood pressure are out of range, see your GP.

YOUR ROADMAP

What’s inside



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SHORT ON TIME?

Already running baselines and health phases? Skip straight to the tier list on [page 08](#).

CHAPTER 01

01

Before it's even worth considering.

The lads who get the best results from compounds are the ones who'd already squeezed most of what they could out of training naturally. Tick these off honestly before going any further.

- ☐ **Training age.** You've trained consistently, with a structured plan, for years, not months. You know how to progress a lift, read your own recovery and run a proper diet.
- ☐ **You've hit a natural ceiling.** Your progress has genuinely stalled despite good training, food and sleep, not just slowed because life got in the way.
- ☐ **You know your goal.** Competing, or building the best physique you can for yourself? The answer changes what's worth it, how long you're exposed and what you're willing to put up with.
- ☐ **Baseline bloods done.** A full panel while you're healthy and off everything, so you have something to compare against for life.
- ☐ **Blood pressure known.** You've checked it at home and know your normal number.
- ☐ **Life is stable.** Sleep, stress, work and home are in decent shape. Compounds magnify what's already there; they don't fix a chaotic week.
- ☐ **You can afford to do it properly.** Bloods every phase, quality food, and time off between pushes.

COMPETING VS NOT COMPETING

If you're competing, the demands of a division can push you towards things you wouldn't otherwise touch. If you're not, there's rarely a reason to chase the harsher end of the list. Most of the visual change people want comes from the basics done brilliantly for longer.

WHY WAITING PAYS

Every year of natural training builds muscle you keep, teaches you how your body responds, and gives you a bigger base for anything you do later. Starting early mostly means you've used your best tools before you knew how to use them.

IN MY WORDS • READINESS

I'd been training for 3 years before I jumped on any form of anabolics, and blood work, unfortunately, at the time (back in 2008), was not something that was readily available as much as it is now. If I was starting again at this point, I would most certainly run a full blood panel before commencing anything:

- 01 To make sure that I knew where my natural testosterone levels were.
- 02 To always have a health reference to refer back to.

That way, if you cycle on and off of steroids, you are able to run blood work during health phases or periods of lower anabolic doses (to make sure that none of these markers are trending in a negative direction over time). Remember, for the most part, drugs don't cause instantaneous negative side effects or health ramifications. It is a combination of sustained usage and skewed blood markers over a period of years, which is then going to cause problems later down the road, which are going to be very difficult to correct. If we can already avoid some of these problems from the very beginning, we're already one step ahead.

After this, we need to think about training experience, training age, and whether or not certain compounds are even going to be necessary for the goals that you want. A lot of people will jump onto harsher compounds because they expect much, much faster results, whereas in reality, this is not often the case. And there are instances where less is more. Of course, there are also instances where more is more, but it's about understanding where this is applicable and when it's appropriate.

CHAPTER 02

02

Bloods: the only way to know what's actually happening.

THREE PANELS, THREE JOBS

01

Baseline first

A full panel while you're healthy and off everything. That's your reference point for life. Every health phase after, you're checking one thing: are your markers getting back to baseline, or drifting the wrong way year on year?

02

On-cycle

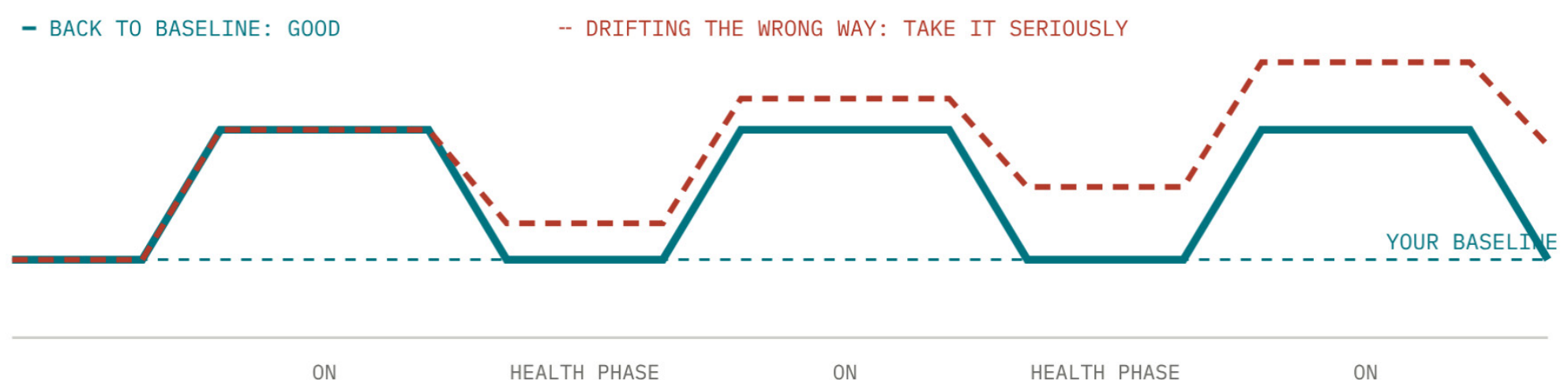
A narrower, cycle-focused panel at least once during a peak push. Your numbers will be skewed; that's part and parcel of it. The point is to catch anything going badly wrong.

03

Health phase

After a proper period of rest, this is the panel that tells you the truth. If markers like your liver values aren't returning to baseline, or close to it, take it seriously.

WHAT YOU'RE LOOKING FOR, YEAR ON YEAR



AVOIDING FALSE ALARMS

Hard training pushes up AST, ALT and CK. Creatine and big protein intakes nudge creatinine. Dehydration skews almost everything. Rest from training for a couple of days, keep hydrated and test in the morning so you're reading the real picture.

WHAT TO TEST

The markers that matter.

MARKER GROUP	WHAT IT TELLS YOU	MATTERS MOST WITH
Lipids LDL, HDL, triglycerides, ApoB	Long-term heart and artery risk. Run ApoB at least once	Every compound, orals hardest
Liver ALT, AST, GGT, bilirubin	Liver stress	Orals especially
Kidneys Creatinine, eGFR, cystatin C	Kidney function. Run cystatin C at least once, because creatinine reads high in muscular people	Everything, especially harsh compounds and high BP
Full blood count Haematocrit, haemoglobin	Thick blood, clot and stroke risk	Testosterone, Equipoise, nandrolones
Hormones Oestradiol, prolactin, LH, FSH, testosterone	Aromatisation, prolactin, recovery when you come off	Testosterone, nandrolones, Trenbolone
Blood pressure Measured at home	Your daily cardiovascular load	Everything

FREE · THE BLOODS CHECKLIST

Every marker in detail, what moves on cycle and why, and the numbers I coach to.

→ **Comment PANEL**

CHAPTER 03

The tier list.

Harshest to mildest.

03

Ranked by how hard each compound tends to be on your health, not by how well it works. “Mildest” does not mean safe. It means the side-effect burden is usually lower, and individual response can turn any of these upside down.

<div>TIER 1</div> <div>Harshest</div>	<div>Superdrol</div> <div>Halotestin</div> <div>Trenbolone (acetate and enanthate)</div> <div>Anadrol</div> <div>Heavy on liver, lipids, blood pressure and, with Tren, mood and sleep</div>
<div>TIER 2</div> <div>Harsh</div>	<div>Dianabol</div> <div>Winstrol</div> <div>Liver load as orals, big hits to lipids, water and blood pressure (Dianabol) or joints (Winstrol)</div>
<div>TIER 3</div> <div>Moderate</div>	<div>Equipoise</div> <div>Deca</div> <div>NPP</div> <div>Masteron</div> <div>Real lipid, red blood cell or prolactin effects, very individual</div>
<div>TIER 4</div> <div>Mildest</div> <div>NOT SAFE</div>	<div>Primobolan</div> <div>Anavar</div> <div>Turinabol</div> <div>Testosterone</div> <div>Lower side-effect burden for most, but still suppressive, still affect lipids, and orals still load the liver</div>

HARDER ON YOUR HEALTH

LOWER SIDE-EFFECT BURDEN (STILL NOT SAFE)

CHAPTER 04

Injectables.

Compound by compound.

04

Same layout for every compound: what it’s known for, what to watch, which markers it tends to move. Typical patterns, not guarantees. Two people on the same thing can get completely different bloods.

Testosterone		TIER 4
KNOWN FOR	The base everything else is judged against. Fullness, strength, libido, wellbeing, and serious muscle gain in a lean body.	
WATCH FOR	It converts to oestrogen, and body fat drives a lot of that conversion. Carry more fat and you get more water, a softer look, higher blood pressure and more need for extra drugs to manage it, with back pumps, appetite changes and worse training as a knock-on. Lean is where testosterone shines. Also hair loss and acne if you’re prone, and it shuts down your natural production.	
MARKERS	Haematocrit and haemoglobin up, oestradiol up, HDL down, blood pressure up.	

TESTOSTERONE

Dosages for testosterone can vary widely and, most of the time, should be based around body composition at the time of deployment. For example, if you have higher levels of body fat (over 10% to 12%), you are going to aromatize a lot more easily. Running high doses of test during this phase would be counterproductive, as water retention, blood pressure, appetite, and training ability will go down a negative route relatively quickly.

On the flip side, if you are very, very lean at the end of a diet phase or coming off the back of a competition, this is where high-dosage testosterone can be very, very beneficial due to lower levels of body fat. It is in this period of time, providing health markers are in a good place, that very, very high levels of progress can be made. My typical dosage during an off-season setting would stay below 750 mg of testosterone per week, whereas post-show or post-diet phase, this could go over 1,000 mg.

Masteron (drostanolone) TIER 3	
KNOWN FOR	A dry, hard, grainy look. Doesn't convert to oestrogen. Most useful when you're already lean, which is why it's a prep favourite.
WATCH FOR	Hair loss if you're prone, acne, and lipids. On someone holding fat it does very little visually.
MARKERS	HDL down, LDL up.

IN MY WORDS · MASTERON

My own experience of running Masteron, which I would typically use during a dieting phase, could range between 300 and over 1,000 mg per week. Typically starting at the lower end of the dosage protocol and working up to the higher end, in conjunction with testosterone levels going in the opposite direction an example of this could be 750 mg of testosterone per week with 300 mg of Masteron per week, moving to a finishing point of 400 mg of testosterone per week and 1,000 mg of Masteron per week. The reduction in testosterone and increase of mastum would create a further dry and grainy look to the physique.

Primobolan (methenolone) TIER 4	
KNOWN FOR	Slow, clean, quality tissue with little water. One of the milder options. Also one of the most faked and most expensive.
WATCH FOR	Hair loss, and paying for something that isn't what's on the label.
MARKERS	Lipids, usually less than most.

PRIMOBOLAN

Primobolan is a milder steroid when it comes to lipids, less so than Masteron, and typically comes in a 1:1 mg/mL ratio, which is lower than most other drugs. This requires more frequent and higher volumes of injections over the week. I don't tend to run Primobolan. I feel that it is something that could be used in a health or a TRT+ stage. The dosages I've run are anywhere from 500 mg to 1,800 mg per week, but with the 100 mg/mL ratio, it requires a lot of injections. I don't really see the benefit of using it versus that injection frequency and volume.

Equipoise (boldenone) <div>TIER 3</div>	
KNOWN FOR	Steady lean gains, vascularity and a noticeable appetite increase. Long-acting, so it's slow to kick in and slow to clear.
WATCH FOR	Red blood cell count can climb hard. Some people get anxiety. Lipid response is wildly individual.
MARKERS	Haematocrit and haemoglobin up. LDL can go up a lot in some people.

IN MY WORDS · EQUIPOISE

Equipoise, I would typically use in an off-season or at the beginning of a prep session setting/diet phase. Vascularity is something that's reported quite commonly. This can be to do with increases in blood thickness and viscosity. This is something that obviously needs to be monitored with blood work, and in reality, Equipoise shouldn't be run longer than 12 weeks at a time due to the increase in hematocrit and hemoglobin. Donating blood has been suggested as a way of getting around this. However, after donations, there is genuinely an increase in the production of hematocrit and hemoglobin, so you can get a bit of a slingshot effect with this (where it can even go higher than the previous levels, which were caused by Equipoise itself). For dosing, I think Equipoise can provide very good results with smaller dosing protocols, starting around 200 to 300 mg per week. I have personally pushed it to 1,000 mg a week, but I didn't notice much of a difference between 500 mg and 1,000 mg. I would set a realistic ceiling around 500 to 600 mg per week, with close attention being paid to your cholesterol, as this is a very, very person-dependent response to this drug.

Deca (nandrolone decanoate) <div>TIER 3</div>	
KNOWN FOR	Joint relief, fullness and size. A classic off-season compound.
WATCH FOR	Prolactin-related sides, including libido and erection problems. Water retention. Long-acting, so it suppresses you for longer and takes longer to recover from.
MARKERS	Prolactin, haematocrit, HDL down.

IN MY WORDS · DECA

Deca is a very old-school staple in an off-season setting. It will cause a certain degree of water retention and can cause issues with sex drive if not correctly positioned with testosterone and adequate testosterone dosages. My preference for someone first using nandrolone would be to go for NPP , as it will be in and out of the system faster. If side effects do occur, we are able to adjust very, very quickly to suit. Doses from nandrolone decanoate can start as low as 200 mg per week. I have run this at a highest of 800 mg per week.

NPP (nandrolone phenylpropionate)		TIER 3
KNOWN FOR	The same nandrolone as Deca on a shorter ester. Kicks in faster, clears faster, and many find it less bloating.	
WATCH FOR	The same prolactin, libido and suppression issues as Deca; they just clear quicker if you stop.	
MARKERS	Prolactin, haematocrit, HDL down.	

IN MY WORDS · NPP

As above, NPP will have similar effects to Dec. You can notice some joint improvement and soreness when using nandrolone. NPP , I have run as high as 800 mg per week. It requires more frequent injections. As a starting point, I used 200 mg per week, split into two doses.

Trenbolone (acetate and enanthate)		TIER 1
KNOWN FOR	Massive strength increases, and genuine recomposition, dropping fat and adding muscle at the same time as it changes where your nutrients go. Nothing else hits like it.	
WATCH FOR	The mental side: aggression, anxiety, paranoia, low mood. Insomnia, night sweats, “tren cough”, acid reflux and appetite changes. Cardio capacity drops. Prolactin issues. Acetate is short-acting and clears quickly if it goes wrong; enanthate is long-acting, so you’re stuck with the sides for longer.	
MARKERS	Lipids, often severely. Blood pressure up. Prolactin. Kidney markers deserve close attention.	

IN MY WORDS · TRENBOLONE

Trenbolone enanthate and acetate will yield similar results. Acetate requires more frequent injections and can be removed quicker if side effects do rear their head. Typically, you are going to have issues with night sweats and potentially psychological disturbances, blunting of mood, and coming across generally a little bit more cold. That being said, this drug does have the ability to recomphysique relatively quickly. Dosages that I have used range from 200 mg per week all the way to 1,000 mg a week. I will say I did not notice any difference in a positive benefit between 500 mg and 1,000 mg: just significantly disturbed sleep, significantly worsened night sweats, and significant blunting of emotions.

CHAPTER 05

Orals. Compound by compound.

05

Most orals are chemically altered to survive the liver, and that’s exactly why they load it. They also tend to hit lipids harder than injectables. With any oral, liver and kidney markers move up the priority list, along with a lipid panel and blood pressure.

A COMMON TRAP

Anadrol, Superdrol and Dianabol can put weight on fast, and a lot of it is water held inside the muscle. It looks and feels like progress, but most of it goes when you stop. They can also mess with your appetite and your ability to get food in.

Winstrol (stanozolol)

TIER 2

KNOWN FOR A dry, hard, detailed look and speed.

WATCH FOR Joint pain and dryness, and some of the worst effects on HDL of anything on this list. Hair loss.

MARKERS HDL down sharply, LDL up, liver enzymes up.

IN MY WORDS · WINSTROL

Like any oral, I would only use Winstrol in a prep environment or at the very end of the dieting phase for a photo shoot or something similar. This can be very, very harsh on liver enzymes but also can cause issues with joints. Doses typically start at around 10 to 20 mg per day and can go as high as 100 mg per day. The latter dosage, I would not exceed for a period of 2 weeks maximum.

Anavar (oxandrolone) TIER 4	
KNOWN FOR	Strength, hardness, modest lean gains, little water. Popular with women.
WATCH FOR	Mild is relative. It still hits HDL hard, still loads the liver, and women can still virilise on it.
MARKERS	HDL down, liver enzymes up.

IN MY WORDS · ANAVAR

Anavar, being the milder of most oral steroids but still having issues with liver enzymes, can be used for slightly long periods of time. I myself have used it for upwards of 12 weeks in dosages ranging from 50 to 100 mg. I would typically use this pre-workout to improve strength, and I would use this in a diet environment when I noticed strength decreases were starting to occur. Obviously, during a diet phase, the goal is going to be to try and hold on to strength rather than necessarily make progressions. I would gauge the usage and deployment of this drug around the time when I was noticing lifts starting to slip. I would then start with the lower end of the dosing protocol, around 25 mg pre-workout, and assess based on my strength off the back of that, providing training, sleep, and diet are all where they need to be.

Superdrol (methasterone) TIER 1	
KNOWN FOR	Fast, dramatic size and strength.
WATCH FOR	One of the hardest compounds on the liver there is. Lethargy, appetite loss, blood pressure spikes and a lipid crash. No place for experimenting.
MARKERS	Liver enzymes and bilirubin up, HDL crashes, blood pressure up.

IN MY WORDS · SUPERDROL

Superdrol is something that I would use in a prep setting in the last few weeks prior to a show, also pre-contest, just before a show, in order to drive nutrients and a bigger visual effect, as well as strength in the latter stages of a prep. This could also be used in an off-season or growth phase, but not systemically. I would use this once a week, perhaps on a weak body part training day, where I would look at doing 20 to 30 mg pre-workout. This would only be once per week in order to make it so that liver enzymes and bilirubin were not increasing due to systemic load. Pre-contest prep environment: this would be a few weeks out from a show.

Anadrol (oxymetholone) TIER 1	
KNOWN FOR	Rapid weight and strength gains, a big pump and fullness.
WATCH FOR	Headaches, nausea and appetite loss, high blood pressure, water retention, and liver strain.
MARKERS	Liver enzymes up, blood pressure up, HDL down.

IN MY WORDS · ANADROL

Anadrol can be used at the end of a dieting phase, either pre-contest before a show or in the reverse phase when body fat levels are very low. Similar to the deployment of testosterone, Anadrol will cause significant intracellular water uptake, which will increase strength and drive fullness through the physique. Large strength gains can also occur with the use of Anadrol, but Anadrol can and will negatively impact appetite if used for a prolonged period of time.

This is something that perhaps I would deploy in an off-season setting in a similar way to Superdrol, on weak part-body training days once per week. In a pre-contest environment, it would be the last 2 to 4 weeks before a show, where I would use this.

Dianabol (methandrostenolone) TIER 2	
KNOWN FOR	The classic kickstart. Fast strength, size and fullness.
WATCH FOR	It converts to a potent oestrogen, so expect water, blood pressure and gyno risk. It can push appetite either way. Liver strain.
MARKERS	Oestradiol up, blood pressure up, liver enzymes up, HDL down.

IN MY WORDS · DIANABOL

Dianabol, one of the most old-school bodybuilding oral drugs available, is typically not used very much anymore, mainly due to the fact that it causes significant water retention and lower back pumps (which can inhibit training performance in the gym as well as appetite). This will also raise liver enzymes.

Dosages typically start from 5 mg, which was the original tablet size when Ciba manufactured Dianabol in the 1950s. I have used between 5 mg and 100 mg a day.

100 mg a day did result in excessive water retention, acne, and lower back pumps, which made training very difficult. I would set a maximum ceiling of Dianabol usage to 50 mg, and I would not use Dianabol for longer than 6 weeks at a time.

Turinabol · the dry cousin		TIER 4
KNOWN FOR	A milder relative of Dianabol without the oestrogen. Slow, dry, steady gains.	
WATCH FOR	Liver load and lipids, like every oral.	
MARKERS	Liver enzymes up, HDL down.	

IN MY WORDS · TURINABOL

Turinabol is similar to Dianabol, but it's not going to cause the same water retention, as it does not aromatize in the same way. Dosages with Turinabol can be up to 50 mg per day. I have used 20 mg of Turinabol and 20 mg of Anavar previously in a cycle many years ago. I have not used Turinabol since and do not intend to use it moving forward.

Halotestin (fluoxymesterone)		TIER 1
KNOWN FOR	Big strength and aggression with very little size. Mostly a pre-contest and strength-sport tool.	
WATCH FOR	Very hard on the liver and lipids, and it can make you irritable, anxious and aggressive.	
MARKERS	Liver enzymes up, HDL down sharply, blood pressure up.	

IN MY WORDS · HALOTESTIN

Probably the most extreme oral steroid, Halo should only be used pre-contest in the week prior to a show for a maximum of 4 to 5 days. This is a very, very toxic drug which will cause massive increases in strength, but it also will cause high levels of anxiety. Myself, I used this for longer than I've recommended, and it ended with panic attacks, severe anxiety, and hallucinations. This is 100% not something to be messed with.

CHAPTER 06

Women: read this twice.

06

For men, most side effects short of a serious health problem reverse when you stop. For women, virilisation often does not. A deeper voice, for example, can be permanent.

MEN

Mostly reverses

Most side effects, short of a serious health problem, go when you stop.

WOMEN

Often permanent

Virilisation often does not reverse. A deeper voice can be for life.

How much virilisation you get, and how fast, is very person-dependent. There’s no amount of any androgen that is guaranteed to be safe for every woman, and “mild” compounds like Anavar are still androgens.

STOP AND GET ADVICE AT THE FIRST SIGN OF

- ☐ Hoarseness or any change in your voice
- ☐ New facial or body hair
- ☐ Clitoral enlargement
- ☐ Male-pattern hair thinning
- ☐ Periods changing or stopping
- ☐ A sudden jump in acne or oiliness

IN MY WORDS · WOMEN

My advice for females is: unless you have aspirations of competing to a very high level and you have not maximized every single other variable (sleep, training, diet) to the maximum degree that it can be, then I would not be using any anabolic steroids at all. This is on the basis that you’re not going to reap the most rewards from them if those things are not in place, but also from the standpoint that virilisation, once it occurred, is not reversible.

CHAPTER 07

What actually decides your results.

07

Compounds amplify what you already do. Get these boxed off first, or you're paying for progress you'll never see.

01

Sleep

Where recovery and growth happen. Some compounds, Trenbolone especially, wreck it, so start with it solid.

02

Stress

High stress pushes blood pressure up and recovery down, on top of what the compounds already do.

03

Home environment

Relationships, work and money pressure all show up in your training, your diet and your mood.

04

Training

Gains come from progressive, well-recovered training, not from the compound itself.

05

Nutrition

You can't grow beyond what you eat and digest, and orals can kill your appetite.

06

Recovery

Time off between pushes, health phases and cardio protect the next ten years of progress.

Compounds sit on top of all six. They amplify, they don't replace.

IN MY WORDS · RESULTS

When you deploy any anabolics, you have to detach yourself from what you've heard about them and look at the reality of what they're going to bring.

Anabolics are much like supplements: they are supplementary to everything else that you have in place. If you don't have these things in place, or if the anabolics that you have deployed interfere with some of the things that you have in place, then the progress is not going to be made. That way, you are just wasting your money and risking your health for really no benefit.

CHAPTER 08

My journey. 130lb to nearly 290lb.

From a 130lb kid who fell in love with Arnold films to nearly 290lbs at my heaviest off-season, then into contest prep. Here's what each phase taught me.

1

Phase 1: Starting out

I followed Arnold Schwarzenegger's advanced training program, drank a lot of milk, and got slightly fat as a natural, but my strength did go up, and I did add some muscle.

2

Phase 2: Building up

Me and my brother ordered some Dianabol tablets off the internet and took them for 8 weeks. I gained 28 lbs of water, increased quite a bit in strength, got spotty, and then lost 26 lbs of water when I stopped taking the Dianabol.

3

Phase 3: Peak off-season, nearly 290lbs

The journey from that point to nearly 290 lbs. at peak off-season was a combination of multiple off-seasons and diet phases, running testosterone, NPP, Equipoise, and Masteron. The largest cycle that I ran during that time was 750 mg of testosterone, 750 mg of Equipoise, 750 mg of NPP, and 750 mg of trenbolone under the guidance of Jordan Peters these were typically run for 16-week blocks, followed by 7-week health phases and blood work.

4

Phase 4: This prep

My last prep peak dosages were 1,000 mg of testosterone and 800 mg of Masteron with 300 mg of Tren. In the last 8 weeks, around 100 mg of Anavar and 50 mg of Winstrol. The last 6 weeks, we ran Halo at 30 mg per day. This is what resulted in the anxiety, issues, and panic attacks. Subsequently, I would not run Halo again.

CHAPTER 09

Want it built around you?

This guide is the general picture. What would actually suit you depends on your bloods, your history, your body fat, your goal and your life outside the gym. That's the part I do one to one.

CYCLE REVIEW · £79

45 minutes going through what you're running or planning, your response and your bloods, with the focus on managing risk.

→ Book a Cycle Review

BLOODWORK REVIEW · £79

45 minutes on your latest panel: what looks fine, what to watch, what to retest.

→ Book a Bloodwork Review

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Best value · save £201

6 months

£999 / 6 months

£166.50 a month. Where the method compounds.

→ Buy · £999



NOT SURE WHICH PLAN? TALK TO ME FIRST

Complete the questionnaire, get a free call.

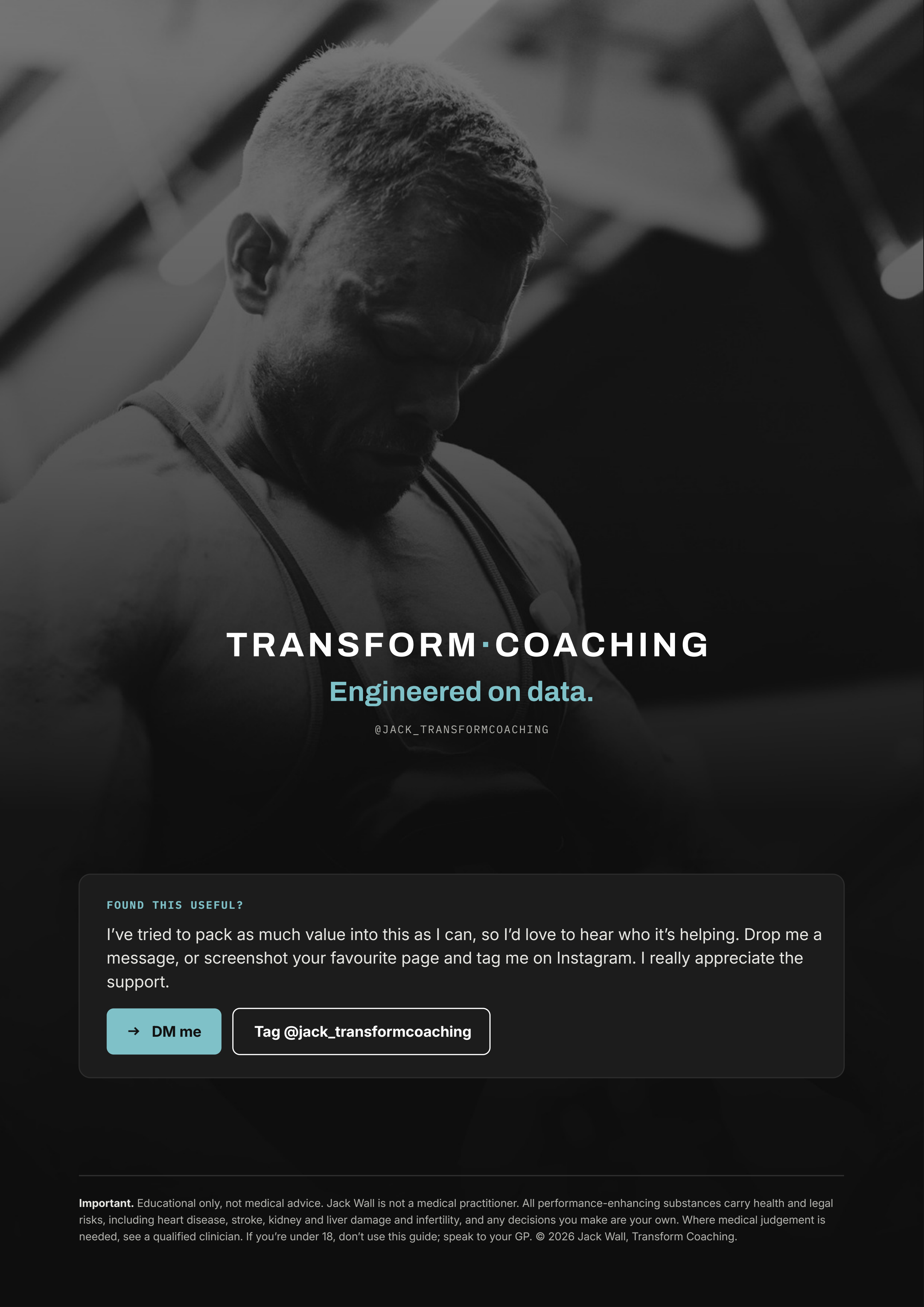
→ 1. Start the questionnaire

→ 2. Book your free call

You must complete the questionnaire before your call, or the call will be cancelled.

Or start with the free one: comment **PANEL** on any of my posts for The Bloods Checklist.

@jack_transformcoaching · transformcoaching.netlify.app



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Engineered on data.

@JACK_TRANSFORMCOACHING

FOUND THIS USEFUL?

I've tried to pack as much value into this as I can, so I'd love to hear who it's helping. Drop me a message, or screenshot your favourite page and tag me on Instagram. I really appreciate the support.

→ DM me

Tag @jack_transformcoaching

Important. Educational only, not medical advice. Jack Wall is not a medical practitioner. All performance-enhancing substances carry health and legal risks, including heart disease, stroke, kidney and liver damage and infertility, and any decisions you make are your own. Where medical judgement is needed, see a qualified clinician. If you're under 18, don't use this guide; speak to your GP. © 2026 Jack Wall, Transform Coaching.