

Requester's Details

Biomnis

Test Request Form - Vitamin B12 & Folate

SAINT JAMES'S HOSPITAL GPs - GPSJH



NB: Routine screening of adults for B12 & folate levels are NOT currently recommended. Please do NOT request this test if the patient is not in the subgroup of individuals considered eligible for testing (see HSE Testing for B12 and Folate Guidance for clarification). *1 separate Serum sample required*

Clinic Name:		
Doctor's signature:		
MRCN: Phone number:		
Patient Details		
Patient ORCIS No	S No ORCIS Sample No. (if other tests requested):	
Surname:	Forename:	
Address:		
DOB://	Gender: Male [] Female []	
Date of Sample Collection:	// Time of Sample Colle	ection::
Select Test Code	Test Name	Sample Requirements
✓ B12 ✓ FOL	Vitamin B12 Folate	<u>B</u>
✓ FOL	Folate	0
NB: Serum Vitamin B12 a of supplementation or ch 2. Is the request related to one of the YES, please provide specific s	last sample was analysed? / / 20 and Folate levels should NOT be retested earlier than 3 monange in dose. Samples breaching this rule will be discarded for more of the following conditions? YES NOT pecific details:	ed.
		
neuropsychiatric cor	: Suspect Dietary Deficiency, Suspect GI malabsorption, ndition, monitoring deficiency, glossitis, pregnancy, alcoholo	
• If YES,		
Please specify which _		
from 06/10/2025 if this form is incom	plete or not enclosed with the sample, normal analysis	FOR LABORATORY USE ONLY

LEGEND SERUM

discarded. These tests will no longer be orderable from ORCIS.

will NOT proceed for Vitamin B12 & folate testing and the samples for this test will be