



NB: Routine screening of asymptomatic adults (including pregnant women) for Vitamin D deficiency is NOT currently recommended. Please do NOT request this test if the patient is not in the subgroup of individuals considered at risk of Vitamin D deficiency (see HSE advice note on [Indications for Measurement of Vitamin D Levels](#) for clarification).

Requester's Details

Clinic Name: _____

General Practitioner's Name: _____

Doctor's signature: _____ Practice Address (stamp): _____

MRCN: _____ Phone number: _____

Patient Details

Patient ORCIS No. _____ ORCIS Sample No. (if other tests requested): _____

Surname: _____ Forename: _____

Address: _____

DOB: ____ / ____ / ____ Gender: Male [] Female []

Date of Sample Collection: ____ / ____ / ____ Time of Sample Collection: __: __

Select	Test Code	Test Name	Sample Requirements
✓	VITDB	Vitamin D 25 OH	B

Mandatory Request Information1. Is the request related to monitoring response to Vitamin D treatment? ☐ YES ☐ NO

If YES, please specify when the last sample was analysed? ____ / ____ / 20 ____

NB: Serum 25OH-D levels should NOT be retested earlier than 3 months following commencement of supplementation with Vitamin D or change in dose. Samples breaching this rule will be discarded.

2. Is the request related to one or more of the following conditions? ☐ YES ☐ NO

If YES, please provide specific details:

- Metabolic Bone Disease? (Please specify) _____
- Biochemical findings related to abnormal Vitamin D levels e.g., increased alkaline phosphatase with otherwise normal liver function tests, hyperparathyroidism, hypo- or hypercalcaemia, hypophosphatemia. ☐ YES ☐ NO

• If YES,

Please specify which _____

- When was the biochemical abnormality identified? ____ / ____ / 20 ____

- Other relevant medical conditions, medications or features that could be attributed to or lead to abnormal vitamin D status. (Please specify) _____

LEGEND**FOR LABORATORY USE ONLY**