

**Biomnis** 

## **Test Request Form - VITAMIN D VITDB**

**SAINT JAMES'S HOSPITAL GPs - GPSJH** 



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 <a href="Indications for Measurement of Vitamin D Levels">Indications for Measurement of Vitamin D Levels</a> for clarification).

Requester's Details Clinic Name:		
Doctor's signature:	tor's signature: Practice Address (stamp):	
MRCN:	Phone number:	
Patient Details		
Patient ORCIS No	ORCIS Sample No. (if other tests requested):	
Surname:	Forename:	
Address:		<del></del>
DOD:	Candan Mala I 1 Farrata I 1	
	DOB: / / Gender: Male [ ] Female [ ]  Date of Sample Collection: / / / Time of Sample Collection: :	
Date of Sample Collection:// Time of Sample Collection::		
Select Test Code	Test Name	Sample Requirements
✓ VITDB	Vitamin D 25 OH	В
<ol> <li>Is the request related to monitoring response to Vitamin D treatment?</li></ol>		
Metabolic Bone Disease? (Please specify)		
<ul> <li>Biochemical findings related to abnormal Vitamin D levels e.g., increased alkaline phosphatase with otherwise normal liver function tests, hyperparathyroidism, hypo- or hypercalcaemia, hypophosphatemia.</li></ul>		
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)		

From 26/05/2025, if this form is incomplete or not enclosed with the sample, normal analysis will NOT proceed for Vitamin D testing and the samples for this test will be discarded. Vitamin D will also now be removed as an orderable from ORCIS.

FOR LABORATORY USE ONLY

RQF1724 Issue No.: 1.01 Active Date: 22/05/2025

