Naas General Hospital Clinical Chemistry Department
Vitamin D Request Form

Please complete this form for all Vitamin D requests and enclose with each sample, to enable timely analysis.

If this form does not include the mandatory request information stated below (**all** questions **must** be answered), or is incomplete or is not enclosed with the sample, Vitamin D analysis will **NOT** proceed.
This form must accompany all requests for Vitamin D testing. Please complete box below (must include requester details) and/or affix patient label in the space provided.

Patient Information First Name: _____ Surname: _____ Address:_____ DOB: _____ Gender: _____ **Requester's Details** General Practitioner Name: _____ Practice Address/Stamp: _____ Practice Telephone Number: _____ Doctor's Signature: _____ MCRN: _____	*Affix addressograph label below:*

Mandatory Request Information

1. Has Vitamin D been requested on this patient before? Yes / No (circle as applicable) If Yes: *when? Please state date ____/___/20_____
2. What is the reason for this request (complete below as relevant, giving specific details);
   - I. Is the patient on Vitamin D treatment? Yes / No (circle as applicable).
     When was treatment started? ____/___/20_____
     NB: There is no indication for re-checking Vitamin D <6/12 months after treatment has started
   - II. Biochemical finding suggestive of vitamin D toxicity e.g. ↑Ca (Please specify):_____
   - III. Metabolic Bone Disease? (Please specify) _____
   - IV. Low trauma/pathological fractures? Yes / No (circle as applicable).
   - V. Biochemical findings consistent with low Vitamin D e.g. ↓Ca, ↑PTH, isolated raised ALP? (Please specify): _____
   - VI. Other relevant clinical conditions that could be attributed to or lead to Vitamin D deficiency? (Please specify)_____

NB: If there is no clinical indication as per Lab Service Reform guideline (below), the sample will be discarded.

For detailed information on Vitamin D testing see https://www.hse.ie/eng/about/who/cspd/lsr/resources/advice.html

FOR LAB USE ONLY IS THIS FORM COMPLETE YES/NO