

Vitamin D Clinical Information Form

<https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/regional-hospital-mullingar/our-services/>

(See laboratory memorandum of 23/01/2017)

Please complete this form for all **Vitamin D** requests and enclose with each sample, to enable timely analysis. If this form is incomplete or not enclosed with the sample, normal analysis will NOT proceed. The sample will instead be retained for **5 days** from the date of sample collection and will be analysed only upon receipt of such details by the laboratory (contact details at bottom) or following communication with the Consultant Clinical Biochemist. During this time if there has been no such correspondence, samples will be discarded without analysis. Pink Lab request form also required.

Please affix patient label here or complete box below

Patient

Name:

Date of Birth:

Gender:

Requestor

Name:

Source:

*** LAB USE ONLY Date and Time stamp:**

Request Details

Has vitamin D been requested on this patient before? Yes / No (circle as applicable)

If Yes:

When was the last sample analysed? ____/____/20____

If <12 weeks ago and patient is on treatment, steady state vitamin D levels may not have been obtained therefore we suggest that you do not proceed with vitamin D analysis at this time

What was the result on the date of last analysis? _____ nmol/L

Please complete below:

What is the reason for this request (complete below as relevant);

- Metabolic Bone Disease? (Please specify) _____
- Monitoring response to vitamin D treatment? Yes / No (circle as appropriate)
- Low trauma/pathological fractures? Yes / No (circle as appropriate)
- Biochemical findings e.g. ↓Ca, ↑PTH? (Please specify): _____
- Other relevant clinical conditions that could be attributed to or lead to vitamin D deficiency? (Please specify) _____
- Signs or symptoms of possible vitamin D deficiency? Yes / No (circle as appropriate) (Please specify): _____

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