



Vitamin/Folate B12 clinical indication form

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

Please complete this form for all Vitamin B12/Folate requests and enclose with each sample, to enable timely analysis. If this form is incomplete or not enclosed with the sample, usual analysis will not proceed. The sample will instead be retained for 5 days from the date of sample receipt and will be analysed only upon receipt of this form by the laboratory. During this time if there has been no such correspondence, samples will be discarded without analysis. This form must accompany all requests for Vitamin B12/Folate testing. Lab request form also required. Please affix patient label here or complete box below

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Patient demographics:

Name:

Gender:

Date of Birth:

Requestor's details

Name:

*Date and Time stamp LAB USE ONLY:

Request Details

Has Vitamin B12/Folate been requested on this patient before? Yes / No (circle as applicable) If Yes:

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

What is the reason for this request (complete below as relevant, giving specific details);

- High risk for nutritional B12/Folate deficiency? _____
- High risk for drug-related B12/Folate deficiency? _____
- GI disease/surgery or related features? _____
- Unexplained hematologic abnormalities? _____
- Unexplained neurologic abnormalities? _____
- Consultant Haematologist/Neurologist management? (Circle as relevant)
- Other supportive signs (e.g. glossitis, mouth ulceration) _____
- Pregnancy? Yes/No
- Dialysis patient? Yes/No

Doc. No: FORM-M/CC/58	Doc Owner: Paul Crowley	Dept & Location: Clinical chemistry RH, Mullingar	
Vers. No: 3	Active Date: 31/01/2023	Doc Title: Vitamin B12 demand management form	No. Of Pg: 1 of 1