

Mater Misericordiae University Hospital Sisters of Mercy

Eccles Street, Dublin D07 R2WY, Ireland

Ospidéal Ollscoile

Mater Misericordiae
Siúracha na Trócaire
Sráid Eccles, Baile Átha Cliath D07 R2WY,
Éire

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Not for prescription purposes

Vitamin D clinical indication form. Download from

<u>www.mater.ie/healthcare-professionals/gp-referrals/</u> and choose Pathology/Blood Tests option and scroll down to Vitamin D request form.

Alternatively Google: Vitamin D Mater and click on first option Vitamin D request form (See also laboratory memorandums of 18th January 2023 and 13th December 2022)

Please complete this form for all Vitamin D requests and enclose with each sample, to enable timely analysis. From, **01/02/2022**, if this form is incomplete or not enclosed with the sample, normal analysis will NOT proceed. As an interim measure, the sample will be retained for one week from the date of sample collection and will be analysed only in exceptional circumstances and upon receipt of such details by the laboratory AND following communication with the Consultant Clinical Biochemists. During this time if there has been no such correspondence, samples will be discarded without analysis. This form must accompany all requests for Vitamin D testing. Please affix patient label here or complete box below.

requests for vitamin D test	ling. Please affix patient laber here or complete box below.
Please affix patient label h	ere or complete box below
Patient demographics -	
Name:	
Gender:	
Date of Birth:	
Hospital Number:	
Requestor's details-	
Name:	Source:
Request Details	
Has Vitamin D been reques	sted on this patient before? Yes / No (circle as applicable)
If Yes: *When was the last	sample analysed?/20
If <12 weeks ago and pa	itient 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
	request (complete below as relevant, giving specific details); (Please specify)
·Monitoring response to vi	tamin 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 of	conditions that could be attributed to or lead to vitamin D deficiency? (Please
specify)	<i>,</i> , ,
	f possible vitamin D deficiency? Yes / No (circle as appropriate) (Please
specify):	
	*Date and Time stamp LAB USE ONLY:
	'Commitment to Excellence'
OL 1	M. D. CLD. A. D. CLOW, H. OEO MAIL OF

Chairman: Mr David Begg Vice Chair: Mr David O'Kelly CEO: Mr Alan Sharp
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