



*Mater Misericordiae*  
*University Hospital*  
Sisters of Mercy

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*Ospidéal Ollscoile*  
*Mater Misericordiae*

Siúrachá na Trócaire

**Sráid Eccles, Baile Átha Cliath D07 R2WY, Éire**

Not for prescription purposes

**Vitamin/Folate B12 clinical indication form. Download from**

[www.mater.ie/healthcare-professionals/gp-referrals/](http://www.mater.ie/healthcare-professionals/gp-referrals/) and choose Pathology/Blood Tests option and scroll down to B12/Folate request form.

**Alternatively Google:** B12 Mater and click on first option B12/Folate request form

(See also laboratory memorandum of 26th August 2019)

Please complete this form for ALL Vitamin B12/Folate requests and enclose with each sample, to enable timely analysis. From 01/10/19, if this form is incomplete or not enclosed with the sample, usual analysis will NOT proceed. The sample will instead be retained for 1 week from the date of sample collection and will be analysed only in exceptional circumstances, upon receipt of such details by the laboratory (contact details at bottom) AND following communication with the Consultant Clinical Biochemist. 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. Please affix patient label here or complete box below

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Patient demographics -

Name:

Gender:

Date of Birth:

Hospital Number:

### **Requestor's details**

Name: Source:

### **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

\*Date and Time stamp LAB USE ONLY:

\_\_\_\_\_  
'Commitment to Excellence'

**Directors:** Mr. Thomas Lynch (Chairman), Mr. Gordon Dunne (CEO), Sr. Margherita Rock, Prof. Tim Lynch, Prof. Brendan Kinsley, Ms. Mary Day, Sr. Eugene Nolan, Ms. Caroline Pigott, Mrs. Tanya King, Dr. Mary Carmel Burke, Mr. Eddie Shaw, Mr. Kevin O'Malley, Professor Desmond Fitzgerald

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