

Vitamin D (25-Hydroxy) Requisition

As per DSM Specimen Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 - All information marked with an asterisk * is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

ORDERING PROVIDER INFORMATION				PATIENT INFORMATION			
* Last & Full First Name:		Billing Code:		* Last/First Name: (As per Manitoba Health Card)			
* Ordering Facility:		Inpatient Location:		* Date of Birth (dd/mm/yyyy):			
Address:				* Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			
* Phone No:		* Fax No.		* PHIN:			
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #1				* Alternate ID: (include ID type with number ie: RCMP, SK, DND etc) MRN:			
* Last & Full First Name:		Billing Code:		Encounter Number:			
* Facility Name:				Patient Phone No:			
Address:				Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR			
Phone No:		* Fax No.		ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #2			
* Last & Full First Name:		Billing Code:		COLLECTION INFORMATION			
* Facility Name:				* Collector:		* Collection D/T: (dd/mm/yyyy)	
Address:				Circle for copy of report to referral lab YES		* Collection Facility:	
Phone No:		* Fax No.		Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line <input type="checkbox"/> Above Shut Off IV			
				Referring Lab: Number of tubes sent: _____		Circle if Samples shipped frozen	
				Serum (no gel) _____			

Vitamin D (25 Hydroxy) - VD25

All medically necessary 25-hydroxy vitamin D testing will be supported by DSM. 25-hydroxy vitamin D testing that does not meet at least one of the testing criteria listed below will be deemed not medically necessary, and will not be performed.

Check all criteria that apply to this patient:

- Metabolic bone disease (recurrent fractures, rickets, osteomalacia, osteopenia, osteoporosis)
- Abnormal blood calcium, magnesium or phosphate concentrations
- Parathyroid disease
- Malabsorption syndromes (celiac disease, small intestine surgery, Cystic Fibrosis, or medications that may interfere with vitamin D absorption cholestyramine, orlistat etc)
- Anticonvulsant agents
- Chronic renal disease
- Chronic liver disease
- Intake of high dose vitamin D combined with symptoms suggesting hypervitaminosis D

REQUIRED - Signature of Ordering Professional: _____

Sample will not be collected if this requisition has not been signed by the ordering professional.