

Laboratory Services Vitamin D (25-Hydroxy) Requisition

Vitamin D testing may only be ordered using this form.

For additional information, please refer to the 2014 Vitamin D Clinical Practice Guidelines on the TOP website located at: www.topalbertadoctors.org

For Laboratory hours of operation and contact information please go to www.albertahealthservices.ca

Patient	PHN	Alternate Identifier		Date of Birth <i>(yyyy-Mon-dd)</i>	
	Last Name	First Name	Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone
	Address	City/Town	Prov	Postal Code	Location
Requestor (s)	Requestor Name <i>(last, first)</i>		Copy to <i>(last, first)</i>		Copy to <i>(last, first)</i>
	Location/Facility/Address		Location/Facility/Address		Location/Facility/Address
	Phone		Phone		Phone
	Healthcare Provider ID		Healthcare Provider ID		Healthcare Provider ID
Collection	Date <i>(yyyy-Mon-dd)</i>	Time <i>(24 hr)</i>	Location		Collector ID

Testing Criteria	<p>All medically necessary 25-hydroxy vitamin D testing will be supported by Alberta Health. Any 25-hydroxy vitamin D testing that does not meet the testing criteria listed below will be deemed not medically necessary, and will not be performed. (Check all that are appropriate for your patient)</p>				
	<p><input type="checkbox"/> Metabolic bone diseases</p> <p><input type="checkbox"/> Abnormal blood calcium</p> <p><input type="checkbox"/> Malabsorption syndromes <i>(celiac disease, small intestine surgery, anticonvulsant agents)</i></p> <p><input type="checkbox"/> Chronic renal disease</p> <p><input type="checkbox"/> Chronic liver disease</p>				
Physician Signature					