


Laboratory Services Vitamin D (25-Hydroxy) Requisition

Vitamin D testing may only be ordered using this form.

For additional information refer to “2024 Vitamin D for the Prevention of Disease: An Endocrine Society Clinical Practice Guideline”, and Choosing Wisely Canada (multiple vitamin D recommendations found at <https://choosingwiselycanada.org/>).

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



**ALBERTA PRECISION
LABORATORIES**
Leaders in Laboratory Medicine

Scanning Label or Accession # *(lab only)*

Patient	PHN		Expiry: _____		Date of Birth <i>(dd-Mon-yyyy)</i>		
	Legal Last Name		Legal First Name		Middle Name		
	Alternate Identifier	Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone	
	Address		City/Town		Prov	Postal Code	
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i>			Copy to Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>	
	Address		Phone	Address		Address	
	CC Provider ID		CC Submitter ID	Phone		Phone	
	Clinic Name			Clinic Name		Clinic Name	
Collection	Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>		Location		Collector ID

Testing Criteria

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)*

☐ Metabolic bone diseases

☐ Abnormal blood calcium

☐ Malabsorption syndromes *(celiac disease, small intestine surgery, anticonvulsant agents)*

☐ Chronic renal disease

☐ Chronic liver disease

Physician Signature