

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.albertaprecisionlabs.ca



Scanning Label or Accession # *(lab only)*

Patient	PHN Expiry: _____		Date of Birth <i>(dd-Mon-yyyy)</i>			
	Legal Last Name		Legal First Name			Alternate Identifier
	Middle Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X Non-binary/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	Legacy 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	<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>				
	<input type="checkbox"/> Metabolic bone diseases				
	<input type="checkbox"/> Abnormal blood calcium				
	<input type="checkbox"/> Malabsorption syndromes <i>(celiac disease, small intestine surgery, anticonvulsant agents)</i>				
	<input type="checkbox"/> Chronic renal disease				
	<input type="checkbox"/> Chronic liver disease				
Physician Signature					