



Mater Misericordiae
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Sisters of Mercy

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Ospidéal Ollscoile
Mater Misericordiae

Siúrachá na Trícaire

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/ 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 and 13th December 2022)

*****Note: Use of Clinical indication forms for Vitamin B12, Folate and Vitamin D will be the subject of audit from which process review and mandatory use of such forms will take effect.*****

Please affix patient label here or complete box below

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:

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