

Vitamin B12/Folate Request Form

Haematology laboratory Request Form
LabMed Directorate, St James's Hospital, Dublin 8
Tel.: 01-416 2012 www.stjames.ie

**FOR SJH LABORATORY USE
ONLY. PLEASE AFFIX
SPECIMEN NUMBER BARCODE
LABEL HERE**

Samples will not be analysed unless this form is complete.
Samples will be held for one week to allow for clinical details to be phoned into the laboratory, after which time, samples will no longer be viable for testing.
Requests for ferritin are not affected by this change in policy.

Patient Information or Addressograph

First name: _____ Surname: _____

Patient address: _____

Date of Birth: _____ Sex: _____

Date and time of collection: _____

Important

Place all samples
and request forms
for each patient in
the same closed bag.

Requester's details:

General Practitioner name: _____ Practice Address/Stamp: _____

SJH LAB CODE: _____

Doctors signature: _____ Practice Telephone number: _____

MRCN: _____

Mandatory Request Information:

1. Is the request related to monitoring response to treatment? YES / NO (circle as appropriate)

If YES to above, please specify when the last sample was analysed? ____/____/20____

2. Is the request related to one or more of the following (circle as appropriate)

- Abnormal FBC? (e.g., anaemia, macrocytosis, cytopenia)
- Suspect dietary deficiency, suspect GI malabsorption, CNS disease, neuropathy, neuropsychiatric condition, monitoring deficiency, glossitis, pregnancy, alcoholism, hypothyroidism, requested by hospital Consultant

All users received prior notification by GP Letter issued on 16.09.25 (HAEM Memo 2025/07)

Request reviewed by Haematology team (Initials & Date): _____