Clinical Directorate of Laboratory Medicine, Beaumont Hospital					
Doc No:	LF-GEN-0070	**Revision**	1	**Active Date**	8th Oct 2025

Vitamin B12 and Serum Folate Request Form

A) Patient and Sample Details	**B) Requestor details for Return of Reports**
Surname: ……..…Forename: ……	Name: ....
Address:	Address: ....
…….....…….……	.....…….……
Date of Birth: ..... Gender: Male ☐ Female ☐	Telephone No: .....…….……
Date/Time Taken:	GP ☐

C) Testing Criteria

- Vitamin B12 and Serum Folate will only be available to those patients who meet one of the following indications below.
- This form **must** accompany all samples, incomplete requests will not be processed.
- Sample type for B12 and Folate is Lithium Heparin (Orange top)

D) Indication for test requested:

Full Blood Count sample date ____/_____/____

Details of FBC abnormality _____

AND/OR

Unexplained neurological abnormalities, please provide details

_____

Pregnancy Yes / No **Malabsorption Yes/No please specify _____**

Dialysis Yes / No **Other, please specify _____**