

## Vitamin D (25(OH)) (VITD)

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### TEST OVERVIEW

<b>Test Name</b>	Vitamin D (25(OH))
<b>Test Code</b>	VITD
<b>Short Description</b>	Vit D

### OVERVIEW

<b>Test Name</b>	Vitamin D (25(OH))
<b>Test Code</b>	VITD
<b>Category</b>	Immunoassay
<b>TAT</b>	Main Lab: 6, Hour(s) Family Site: <6hrs, <8hrs
<b>Specimen(s)</b>	1 x Venous blood - 5 mL Tube - Gold - SST-Serum Separator Tube

### SPECIMEN(S)

#### SST-Serum Separator Tube

<b>Specimen Type</b>	SST-Serum Separator Tube
<b>Specimen Format</b>	Tube
<b>Specimen Colour</b>	Gold
<b>Specimen Volume</b>	5 mL
<b>Sampling Order</b>	2
<b>Origin</b>	Venous blood
<b>Collection time after baseline</b>	-
<b>Transport Temperature</b>	2-8°C
<b>Accepted Other Specimens</b>	Serum Lithium Heparin Plasma Sodium Heparin Plasma

	EDTA Plasma
<b>TAT</b>	Main Lab: 6, Hour(s) Family Site: <6hrs, <8hrs
<b>Test Stability</b>	Room Temp: 3 Hour(s) 2–8°C: 6 Hour(s)

## CLINICAL INFORMATION

### Vitamin D (25(OH))

<b>Methodology</b>	-
<b>Specimen Type</b>	SST-Serum Separator Tube
<b>Delay before pre-treatment</b>	3
<b>Transport Temperature</b>	2-8°C
<b>Transport Stability at room temp</b>	3 Hours
<b>Transport Stability at 2–8°C</b>	6 Hours
<b>Haemolysis interference</b>	<input type="button" value="No"/>

### Clinical Interest

The measurement of **25-hydroxyvitamin D (25 (OH)D)** is indicated to confirm deficiency in cases of musculoskeletal symptoms (bone pain, muscle weakness, atypical fractures, rickets, or osteomalacia), or in at-risk populations: elderly individuals, people with pigmented skin, low sun exposure, obesity (BMI > 30), malabsorption (celiac disease, IBD), chronic renal or hepatic failure, pregnant or breastfeeding women.

It is routinely performed as part of osteoporosis screening, particularly in cases of fragility fractures or before starting anti-osteoporotic treatment. It also helps distinguish between secondary hyperparathyroidism (related to **vitamin D3** deficiency, with high PTH and low 25(OH)D) and primary hyperparathyroidism. Finally, it is used for therapeutic monitoring during supplementation, especially at high doses, or in patients receiving interfering treatments (antiepileptics, glucocorticoids, antiretrovirals).

The interpretation thresholds used are:

- deficiency (< 20 ng/mL or < 50 nmol/L), insufficiency (20–29 ng/mL or 50–74 nmol/L),
- and a therapeutic target between 30 and 50 ng/mL (75–125 nmol/L).

A level above 100 ng/mL (> 250 nmol/L) exposes the patient to a risk of hypercalcemia.

## PATIENT INFORMATION

<b>Clinical Information Required</b>	-
<b>Patient Collection Notes</b>	-

## COMMENTS & NOTES

**LOINC Code**

89-3, 1989-3,

**Outwork**

No