Vitamin D (25(OH)) (VITD)

Source: Cerba Lancet Africa

View our website: cerbalancetafrica.com

Date & Time of Export: 13 June 2026 00:46

Click here to view the results online

TEST OVERVIEW

Test Name	Vitamin D (25(OH))
Test Code	VITD
Short Description	Vit D

OVERVIEW

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

SPECIMEN(S)

SST-Serum Separator Tube

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

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

CLINICAL INFORMATION

Vitamin D (25(OH))

Methodology	-
Specimen Type	SST-Serum Separator Tube
Delay before pre-treatment	3
Transport Temperature	2-8°C
Transport Stability at room temp	3 Hours
Transport Stability at 2–8°C	6 Hours
Haemolysis interference	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

Clinical Information Required	-
Patient Collection Notes	-

COMMENTS & NOTES

LOINC Code	89-3, 1989-3,
Outwork	No