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LABORATORY COMMUNICATION

CHANGE OF (25-HYDROXY) VITAMIN D REFERENCE VALUES

Effective August 1, 2007 our laboratory reference ranges will change to decision/action level intervals as indicated below to reflect currently accepted clinically reflective Vitamin D levels:

Previous Reference Values: Winter 35 - 105 nmol/L (ng/mL x 2.496 = nmol/L)
Summer 37 - 200 nmol/L

New Reference Values:

Decision Level (nmol/L)*	Vitamin D Status*
< 25	vitamin D deficiency
25 to 75	vitamin D insufficiency
75-250	optimal vitamin D status
>250	potential adverse effects

*Reference information:

- (1) Chapuy MC, Pamphile R, Paris E, Kempf C, Schlichting M, Arnaud S, et al. Combined calcium and vitamin D3 supplementation in elderly women: confirmation of reversal of secondary hyperparathyroidism and hip fracture risk: the Decalys II study. *Osteoporos Int* 2002 Mar;13(3):257-64.
- (2) Bischoff-Ferrari HA. How to select the doses of vitamin D in the management of osteoporosis. *Osteoporos Int* 2007 Apr;18(4):401-7.
- (3) Bischoff-Ferrari HA, Dietrich T, Orav EJ, Hu FB, Zhang Y, Karlson EW, et al. Higher 25-hydroxyvitamin D concentrations are associated with better lower-extremity function in both active and inactive persons aged > or =60 y. *Am J Clin Nutr* 2004 Sep;80(3):752-8.
- (4) Heaney RP. Functional indices of vitamin D status and ramifications of vitamin D deficiency. *Am J Clin Nutr* 2004 Dec;80(6 Suppl):1706S-9S.

The other change to 25-hydroxy Vit. D testing is that a fasting specimen is NOT required (the previous lab manual test entry specified a requirement for a fasting blood sample).

If you have any questions or require further information, please contact:
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