

Reporting Title: Vitamin B12 and Folate, S

Performing Location: Rochester

Specimen Requirements:

Patient Preparation:

- 1. Patient should be fasting for 8 hours.
- 2. **Do not order** on patients who have recently received methotrexate or other folic acid antagonists.

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:

If not ordering electronically, complete, print, and send a [Benign Hematology Test Request Form](#) (T755) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	90 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
B12	Vitamin B12 Assay, S	Numeric	ng/L	2132-9
FOL	Folate, S	Numeric	mcg/L	2284-8

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
B12	Vitamin B12 Assay, S	1	82607	Yes	Yes
FOL	Folate, S	1	82746	Yes	Yes

CPT Code Information:

82607-Vitamin B12

82746-Folate

Reference Values:

VITAMIN B12  
180-914 ng/L

FOLATE  
> or =4.0 mcg/L  
<4.0 mcg/L suggests folate deficiency