

Reporting Title: 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: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume:0.6 mL

Collection Instructions:

- 1. Serum gel tubes should be centrifuged within 2 hours of collection.
- 2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

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®
FOL	Folate, S	Numeric	mcg/L	2284-8

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

Supplemental Report:

No

CPT Code Information:

82746

Reference Values:

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