

Reporting Title: Pernicious Anemia Cascade**Performing Location:** Rochester**Ordering Guidance:**

Ask patients if they have received a vitamin B12 injection or radiolabeled vitamin B12 injection within the last 2 weeks. Patient results will not reflect deficiency or malabsorption after recent B12 injection. If patient has received such an injection within the past 2 weeks, this test should not be ordered.

Specimen Requirements:

Patient Preparation:

1. Patient should fast for 8 hours.
2. For 12 hours before specimen collection, patient should not take multivitamins or dietary supplements (eg, hair, skin, and nail supplements) containing biotin (vitamin B7).
3. For 1 week before specimen collection, if medically feasible, patient should not take proton pump inhibitors (omeprazole, lansoprazole, dexlansoprazole, esomeprazole, pantoprazole, and rabeprazole).
4. For at least 2 weeks before specimen collection, patient should not take or receive drugs that interfere with gastrointestinal motility (eg, opioids).

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 3 mL

Collection Instructions:

1. Centrifuge, divide specimen into 3 plastic vials:

Vial 1 (B12PA): 1 mL of serum

Vial 2 (PAMMA): 1.5 mL of serum

Vial 3 (PAGAS): 0.5 mL of serum

2. Band specimens together and send frozen.

Specimen Minimum Volume:

1.6 mL

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	Frozen (preferred)	30 days	
	Refrigerated	24 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
B12PA	Vitamin B12 Assay, S Also used by tests: B12PA	Numeric	ng/L	2132-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82607
82941-(if appropriate)
83921-(if appropriate)
86340-(if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
IFBPA	Intrinsic Factor Blocking Ab, S			No	Yes (order IFBA)
MMAPA	Methylmalonic Acid, QN, S			No	Yes (order MMAS)
GASTR	Gastrin, S			No	Yes (order GAST)

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
IFBPA	IFBLB	Intrinsic Factor Blocking Ab, S	Alphanumeric		31444-3
IFBPA	CMT3B	Comment	Alphanumeric		48767-8
MMAPA	33049	Methylmalonic Acid, QN, S	Numeric	nmol/mL	13964-2
GASTR	GASTR	Gastrin, S	Numeric	pg/mL	2333-3

Reference Values:

180-914 ng/L