

**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.

**Specimen Minimum Volume:**

0.5 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	Refrigerated (preferred)	7 days	
	Frozen	90 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
B12	Vitamin B12 Assay, S <b>Also used by tests: B12</b>	Numeric	ng/L	2132-9
FOL	Folate, S <b>Also used by tests: FOL</b>	Numeric	mcg/L	2284-8

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

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**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
B12	Vitamin B12 Assay, S			Yes	Yes
FOL	Folate, S			Yes	Yes

**CPT Code Information:**

82607-Vitamin B12

82746-Folate

**Reference Values:**

VITAMIN B12

180-914 ng/L

FOLATE

&gt; or =4.0 mcg/L

&lt;4.0 mcg/L suggests folate deficiency