

**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.

**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®
FOL	Folate, S	Numeric	mcg/L	2284-8

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

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82746

**Reference Values:**

> or =4.0 mcg/L

<4.0 mcg/L suggests folate deficiency