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**Reporting Title:** Methylmalonic Acid, QN, P**Performing Location** Rochester**Specimen Requirements:****Collection Container/Tube:****Preferred:** Green top (sodium heparin)**Acceptable:** Lavender top (EDTA)**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1.5 mL**Forms:**

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[-Benign Hematology Test Request \(T755\)](#)[-Biochemical Genetics Test Request \(T798\)](#)

Specimen Type	Temperature	Time	Special Container
Plasma	Refrigerated (preferred)	48 days	
	Ambient	48 days	
	Frozen	48 days	

**Supplemental Report:**

No

**CPT Code Information:**

83921

**Reference Values:**

&lt; or =0.40 nmol/mL