MAYO CLINIC LABORATORIES

Test Definition: B12

Vitamin B12 Assay, Serum

Reporting Title: Vitamin B12 Assay, S
Performing Location: Jacksonville

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**.

This test provides a measurement of serum vitamin B12 level only. For a more comprehensive workup, order ACASM / Pernicious Anemia Cascade, Serum, which initiates testing with measurement of vitamin B12. Depending on the vitamin B12 concentration, testing for intrinsic factor blocking antibody, gastrin, and methylmalonic acid may be added.

Necessary Information:

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

Specimen Requirements:

Patient Preparation: This test should not be performed on patients who have received a vitamin B12 injection or radiolabeled vitamin B12 injection within the previous 2 weeks.
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 (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	Numeric	ng/L	2132-9

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

Supplemental Report:

No

CPT Code Information:
82607

Reference Values:
180-914 ng/L