

Reporting Title: Vitamin B12 and Folate, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Specimen Requirements:****Patient Preparation:**

- 1. Fasting: 8 hours, required**
- 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 serum**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.**Forms:**

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

[-Kidney Transplant Test Request](#)[-Benign Hematology Test Request Form \(T755\)](#)

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
FOL	Folate, S	Numeric	mcg/L	2284-8

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
B12	Vitamin B12 Assay, S	1	82607	Yes	Yes
FOL	Folate, S	1	82746	Yes	Yes

CPT Code Information:

82607-Vitamin B12

82746-Folate

Reference Values:

VITAMIN B12

180-914 ng/L

FOLATE

> or =4.0 mcg/L

<4.0 mcg/L suggests folate deficiency