

**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

**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.

**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	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

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**Reference Values:**

VITAMIN B12

180-914 ng/L

FOLATE

&gt; or =4.0 mcg/L

&lt;4.0 mcg/L suggests folate deficiency