

Reporting Title: Folate, S**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Specimen Volume: 0.6 mL

Collection Instructions: Fasting (8 hours)

Additional Information: Do not order on patients who have recently received methotrexate or other folic acid antagonists.

Specimen Type	Temperature	Time
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

CPT Code: 1 × 82746**Reference Values:**

> or =4.0 mcg/L

<4.0 mcg/L suggests folate deficiency