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**Reporting Title:** Vitamin B12 and Folate, S  
**Performing Location:** New England

**Specimen Requirements:**

Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Specimen Volume: 1 mL

Collection Instructions: Fasting (8 hours)

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

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	7 days
	Frozen	90 days

**Components:**

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

**Reference Values:**

VITAMIN B12

180-914 ng/L

FOLATE

&gt; or =4.0 mcg/L

&lt;4.0 mcg/L suggests folate deficiency