

# Folate

**CPT Code:** 82746

**Order Code:** C258

**ABN Requirement:** No

**Synonyms:** Folic Acid

**Specimen:** Serum

**Volume:** 0.5 mL

**Minimum Volume:** 0.2 mL

**Container:** Gel-barrier tube (SST, Tiger Top)

## Collection:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.

**Patient Preparation:** Fasting is preferred but not required for this test. Ask your doctor if you should fast before testing.

**Special Information:** Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 8 hours following the last biotin administration.

**Transport:** Store serum at 2°C to 8°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab shipping box.

## Stability:

**Ambient (15-25°C):** 2 hours

**Refrigerated (2-8°C):** 7 days

**Frozen (-20°C):** 1 month

**Deep Frozen (-70°C):** 1 month

**Causes for Rejection:** Samples which are heat-inactivated; samples stabilized with azide; specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; hemolyzed specimens

**Methodology:** Electrochemiluminescence Immunoassay (ECLIA)

**Turn Around Time:** 1 to 3 days

**Reference Range:**

Age	ng/mL
All Ages	4.8-24.2

**Intended Use:** A folate test can be used in the diagnosis of the cause of anemia or neuropathy, to evaluate nutritional status in some individuals, or to monitor effectiveness of treatment for Vitamin B12 or folate deficiency.

**Limitations:** Hemolysis may significantly increase folate values due to high concentrations of folate in red blood cells. Samples from patients receiving therapy with certain pharmaceuticals, e.g. methotrexate or leucovorin, are contraindicated because of the cross-reactivity of folate binding protein with these compounds. In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*