

Vitamin B12 and Folate Panel, Serum

CPT Code: 82607, 82746

Order Code: 7065

ABN Requirement: No

Specimen: Serum

Volume: 2.0 mL

Minimum Volume: 1.0 mL

Container: Gel-barrier tube (SST)

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 Instructions: Dietary supplements containing biotin may interfere in assays and may skew analyte results to be either falsely high or falsely low. For patients receiving the recommended daily doses of biotin, draw samples at least 8 hours following the last biotin supplementation. For patients on mega-doses of biotin supplements, draw samples at least 72 hours following the last biotin supplementation.

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

Stability:

Ambient (15-25°C): 36 hours

Refrigerated (2-8°C): 7 days

Frozen (-20°C): 28 days

Causes for Rejection: Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; hemolysis

Methodology: Immunoassay (IA)

Turn Around Time: 1 to 3 days

Reference Range: See individual tests for reference ranges

Clinical Significance: Folic acid deficiency is common in pregnant women, alcoholics, patients with diets that do not include raw fruits and vegetables, and people with structural damage to the small intestine. The most reliable and direct method of diagnosing folate deficiency is the determination of folate levels in both erythrocytes and serum. Low folic acid levels, however, can also be the result of a primary Vitamin B12 deficiency that decreases the ability of cells to take up folic acid. Vitamin B12 is decreased in pernicious anemia, total or partial gastrectomy, malabsorption and certain congenital and biochemical disorders.

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.