

# Folate, Serum

**CPT Code:** 82746

**Order Code:** 466

**ABN Requirement:** No

**Alternative Name(s):** Folic Acid

**Specimen:** Serum

**Volume:** 1.0 mL

**Minimum Volume:** 0.5 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):** 30 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:**

Age	ng/mL
≤4 years	Not Established
5-9 years	>7.1
10-17 years	>8.0
≥18 years	
Low	<3.4
Borderline	3.4-5.4
Normal	>5.4

**Clinical Significance:** Folic acid deficiency is common in pregnant women, alcoholics, in patients whose diets do not include raw fruits and vegetables, and in 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 B<sub>12</sub> deficiency that decreases the ability of cells to take up folic acid.

*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.*