



Change to B12 & Folate Requesting

In June 2024 Pathlab will be changing the way we deal with Vitamin B12 and Folate requests. We will change from always treating the tests as a 'pair' to treating them as separate entities. This will allow GPs and Specialists to request the most appropriate investigation for their patients.

Paper forms and electronic order forms will be amended to separate the B12 from Folate tick boxes. Please amend any templates used in Practice systems accordingly, including checking your electronic order "MyTab groups" you may have setup eclair.

Testing for Vitamin B12 deficiency is recommended in the following settings:

- Haematologic: unexplained anaemia, macrocytosis.
- Unexplained neurological or neuropsychiatric symptoms, e.g. subacute combined degeneration of the cord, peripheral neuropathy, dementia, unexplained neurology.
- GI disorders, e.g. Crohn's disease, coeliac disease or other such stomach or small intestinal disorders, previous gastric resection etc.
- Medication related: metformin, prolonged use of proton pump inhibitors or H2 receptor antagonists.
- Long term vegan and vegetarian diets.
- Glossitis.

Pathlab suggest retesting intervals should not be less than 6 months when the above recommendations are followed.

International guidelines:

- Vitamin B12 is the first line test when checking for deficiency. The significance of test results assessing Vitamin B12 status should always be assessed within the clinical setting.
- Routine screening for Vitamin B12 deficiency is not indicated.
- There are no studies to support the use of Vitamin B12 testing in patients with dizziness or fatigue and BPAC guidelines for the investigation of tiredness do not include B12 or Folate levels as first-line tests.

Suggested reading:

<https://b-s-h.org.uk/guidelines/guidelines/diagnosis-of-b12-and-folate-deficiency>

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Please ensure all members of your institution
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