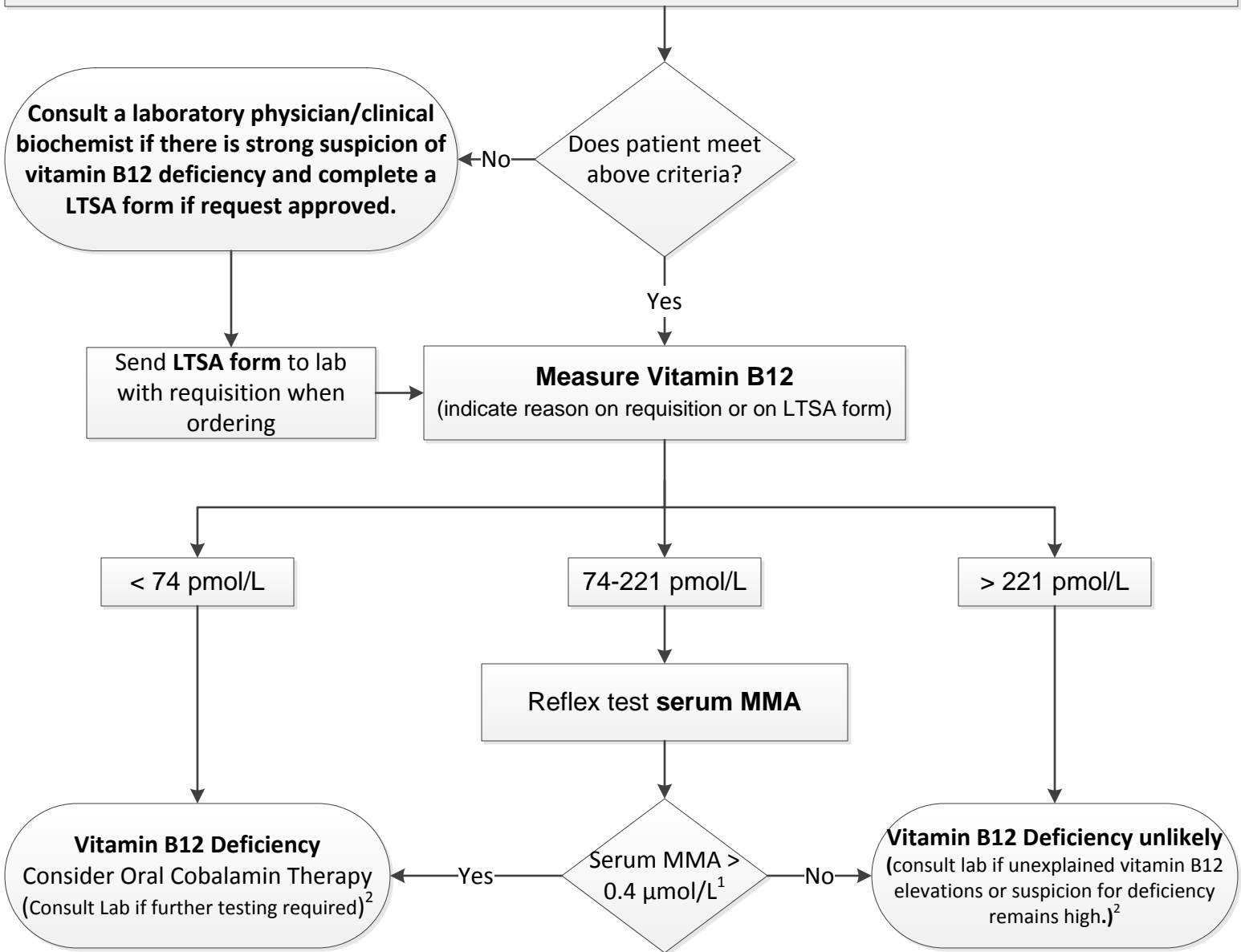


Vitamin B₁₂ testing is restricted to investigating patients with clear clinical indication.

Accepted reasons for vitamin B₁₂ Status testing include:

1. High risk for nutritional B12 deficiency (*Long term strict vegan; Elderly > 75yrs or "toast and tea diet"*)
 2. High risk for drug-related B12 deficiency. (*Long term Metformin, H₂ receptor antagonists, or proton pump inhibitors*)
 3. GI disease/surgery (*Gastrectomy, gastric bypass, ileal resection, pancreatic insufficiency*)
 4. Unexplained hematologic abnormalities (*Unexplained anemia/cytopenia, unexplained increased MCV*)
 5. Unexplained neurologic abnormalities (*peripheral neuropathy, dementia, paresthesias, numbness, and gait problems*)
- (Indicate which one(s) apply on requisition when ordering Vitamin B12. Failure to do so will result in delay or cancellation of the request.)**



Note:

¹Mild elevations in MMA occur in renal failure. Exercise caution when interpreting borderline elevations in MMA <0.8 μmol/L especially when serum creatinine >140 μmol/L .

²Repeat testing of vitamin B12 at a frequency greater than once per year is rarely indicated. Other follow-up and confirmatory investigations for pernicious anemia (involving MMA, anti-intrinsic factor and/or anti-parietal cell antibody levels) are restricted to patients with confirmed clinical vitamin B12 deficiency and with completion of a LTSA form following consultation with a laboratory physician/clinical biochemist.