

Vitamin B12 (B12)

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TEST OVERVIEW

Test Name	Vitamin B12
Test Code	B12
Short Description	Vit B12

OVERVIEW

Test Name	Vitamin B12
Test Code	B12
Category	Immunoassay
TAT	Main Lab: 6, 10 Hour(s) Family Site: <8hrs, <6hrs
Specimen(s)	1 x Venous blood - 5 mL Tube - Gold - SST-Serum Separator Tube

SPECIMEN(S)

SST-Serum Separator Tube

Specimen Type	SST-Serum Separator Tube
Specimen Format	Tube
Specimen Colour	Gold
Specimen Volume	5 mL
Sampling Order	2
Origin	Venous blood
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Serum Lithium Heparin Plasma Sodium Heparin Plasma

	EDTA Plasma
TAT	Main Lab: 6, 10 Hour(s) Family Site: <8hrs, <6hrs
Test Stability	Room Temp: 8 Hour(s) 2–8°C: 2 Day(s)

CLINICAL INFORMATION

Vitamin B12

Methodology	-
Specimen Type	SST-Serum Separator Tube
Delay before pre-treatment	8
Transport Temperature	15-25°C
Transport Stability at room temp	8 Hours
Transport Stability at 2–8°C	2 Day
Haemolysis interference	<input type="button" value="No"/>

Clinical Interest

Vitamin B2, also called cobalamin, is a water-soluble vitamin that has a key role in the normal functioning of the brain and nervous system via the synthesis of myelin (myelinogenesis), and the formation of red blood cells.

Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from **malabsorption**, certain intestinal disorders, low presence of binding proteins, and use of certain medications. Vitamin B12 is rare in plant sources, so vegetarians are more likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency may occur in between 40% to 80% of the vegetarian population.

Indications / Clinical use:

- Diagnosis of vitamin B12 deficiency
- Clinical features: macrocytic anemia, glossitis, peripheral neuropathy, cognitive impairment.
- Laboratory findings: megaloblastic anemia, elevated MCV, possible pancytopenia.

Investigation of macrocytosis or megaloblastic anemia

Differentiates vitamin B12 deficiency from folate deficiency.

Evaluation of neurological or psychiatric symptoms

Cognitive decline, peripheral neuropathy, myelopathy, depression—especially in the elderly.

Monitoring in at-risk populations

- Dietary deficiency: vegans, malnutrition.
- Malabsorption syndromes: pernicious anemia, celiac disease, Crohn's disease, gastric surgery.
- Drug-related causes: prolonged metformin, proton pump inhibitors, H2 antagonists.

Therapeutic monitoring

Assess response to supplementation in patients with confirmed deficiency.

PATIENT INFORMATION

Clinical Information Required -

Patient Collection Notes -

COMMENTS & NOTES

LOINC Code 685-2 , 14685-2 , 14685-2,

Outwork