

MEMORANDUM

TO: All Physicians, Nurse Practitioners, Directors of Nursing
Nurse and Laboratory Managers, Clinical Instructors/Educators

FROM: Dr. A. Ruth Sellers
Medical Lead, Clinical Chemistry
Health PEI Provincial Laboratory Services

RE: **LABORATORY UTILIZATION**
FOLATE TESTING IS NO LONGER JUSTIFIED IN FOLIC ACID FORTIFIED COUNTRIES

DATE: DECEMBER 10, 2012

Folate deficiency has become very rare in countries with mandatory fortification of grain products with folic acid. Study results following fortification indicate that population levels have risen dramatically and folate deficiency is virtually nonexistent.

A serum or red cell folate level that is below the reference interval does not necessarily indicate folate deficiency.

There are a small number of individuals who are folate deficient (premature infants, pregnant women who are not taking vitamin supplements and who avoid eating grain products, malnourished alcoholics or those with celiac disease who are avoiding grain products). These patients can be identified by their medical history and can be placed on supplemental folic acid therapy without testing for folate deficiency as long as it is determined that Serum B12 is within the reference range.

Neither serum nor RBC folate are offered as in-house tests in Health PEI laboratories. RBC folate is available as a referred out test following consultation with the Clinical Chemistry lead.

Key points:

Folate testing should no longer be a routine part of the evaluation of anemia.

For megaloblastic anemia B12 deficiency should be investigated.

Supplemental folic acid without testing is a reasonable approach (similar to other vitamin deficiencies e.g. Vit D).

