February 8, 2013

To: Chiefs of Service, Attending Physicians, Housestaff, Nurses and Other Concerned Personnel

From: Eberhard Fiebig, M.D. Brad Lewis M.D.
Director, Clinical Laboratory Director, Clinical Hematology Service

Re: Restriction on Ordering Folate Tests (Folate, Serum and Folate, RBC)

Effective February 25, 2013, the Clinical Laboratory will restrict ordering of folate tests to the Clinical Hematology Service (Drs. Brad Lewis and Niharika Dixit).

After this date, requests for serum or red cell (RBC) folate will automatically be canceled with notation in the patient’s electronic medical record, unless the test is ordered or authorized by the Clinical Hematology Service. Authorization must be documented on the test requisition, or communicated to Dr. Fiebig or designee by e-mail (efiebig@ucsf.edu) or phone (x68588) for the test to be performed. Samples will be held frozen for 2 weeks following receipt in the laboratory to allow for testing in cases where authorization must be obtained after sample collection. Please be aware that for the RBC folate test, a HCT must be requested at the same time, or the Clinical Laboratory must have a record of a hematocrit performed on a sample collected within 24 hours of the RBC folate sample. Sample requirements are a serum separator (gold top) tube for serum folate or an EDTA (lavender top) tube for RBC folate.

Background and Rationale:

Following the fortification of processed grains with folic acid, which was implemented in the U.S. and Canada in 1998, the incidence of folate deficiency has declined dramatically in the general population – including, presumably, the higher risk population seen at SFGH.

In the most recent 27-month period, between 1/7/2010 to 9/30/2012, SFGH Clinical Laboratory sent out 420 consecutive RBC Folate tests, of which only 3 (0.7%) came back deficient; i.e., < 160 ng/mL. This is consistent with an earlier study (Joelson et al., Arch Pathol Lab Med 2007,131;477-80), which documented a decline of RBC Folate deficient results sent from our laboratory from 4.8% in 1997 (the year prior to implementation of folate fortification) to 0.7% in 2000 and 0.5% in 2004. Given this consistently documented low-level incidence of folate deficiency in our patient population, routine testing of folate levels – e.g., in the context of (macrocytic) anemia work-up – is not warranted.

For questions or concerns, please contact Dr. Eberhard Fiebig by phone (x68588) or email (efiebig@ucsf.edu).

Thank you for your understanding and cooperation.