

Reporting Title: Glucose Phosphate Isomerase, B
Performing Location: Rochester

Specimen Requirements:

Container/Tube:

Preferred: Yellow top (ACD solution B)

Acceptable: Lavender top (EDTA)

Specimen Volume: 6 mL

Collection Instructions: Send whole blood in original tube. **Do not** transfer blood to other containers.

Forms:

If not ordering electronically, complete, print, and send a [Benign Hematology Test Request](#) (T755) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole Blood ACD-B	Refrigerated	20 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
GPICL	Glucose Phosphate Isomerase, B	Numeric	U/g Hb	44050-3

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84087

Reference Values:

> or =12 months: 40.0-58.0 U/g Hb

Reference values have not been established for patients who are younger than 12 months of age.