

**Reporting Title:** Phosphofructokinase, B  
**Performing Location:** Rochester

**Specimen Requirements:**

Collection Container/Tube:

Preferred: Yellow top (ACD solution B)

Acceptable: Lavender top (EDTA)

Specimen Volume: 6 mL

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

**Specimen Minimum Volume:**

1 mL

**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	11 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
PFKCL	Phosphofructokinase, B Also used by tests: PFKC	Numeric	U/g Hb	72664-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82657

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**Reference Values:**

> or =12 months of age: 5.8-10.9 U/g Hb

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