

Hexokinase Enzyme Activity, Blood

# **Reporting Title:** Hexokinase, 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 specimen in original tube. Do not aliquot.

### **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	20 days	

## **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
HKCL	Hexokinase, B	Numeric	U/g Hb	49216-5
	Also used by tests: HKC			

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: 0.7-1.7 U/g Hb

Reference values have not been established for patients who are younger than12 months.