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**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.

**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	Type	Unit	LOINC®
GPICL	Glucose Phosphate Isomerase, B Also used by tests: GPIC	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.