
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 specimen 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 (preferred)	20 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
HKCL	Hexokinase, B	Numeric	U/g Hb	49216-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82657

Reference Values:

> or = 12 months: 0.7-1.7 U/g Hb

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