

TEST OBSOLETE

NOTIFICATION DATE: September 1, 2009

EFFECTIVE DATE: October 1, 2009

**PROMETHEUS TPMT ENZYME
ORDERED AS #90585, ZW146**

EXPLANATION: Effective October 1, 2009, we will no longer forward requests for Prometheus TPMT Enzyme to Prometheus Laboratories. This test is available at Mayo Medical Laboratories.

RECOMMENDED ALTERNATIVE TEST: #80291, Thiopurine Methyltransferase (TPMT), Erythrocytes

METHODOLOGY: Enzymatic End Point/Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

SPECIMEN REQUIREMENTS: Draw blood in a green-top (heparin) tube(s), and send 5 mL of heparinized whole blood refrigerated in <6 days. Specimen cannot be frozen.

LIST FEE: \$333.40

CPT CODE: 83789

ANALYTIC TIME: 3 days (not reported on Saturday or Sunday)

DAY(S) SET-UP: Monday, Wednesday through Friday

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or Debra Novak, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710



TEST DEFINITION

8/6/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME

80291 THIOPURINE METHYLTRANSFERASE, RBC

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
80291	1/6/2009		THIOPURINE METHYLTRANSFERASE, RBC			MCR
			TRANSPORT TEMP : REFRIG <6 DAYS\AMBIENT NO\FROZEN NO			
			80291 THIOPURINE METHYLTRANSFERASE, RBC			
			EXPECT RESULTS OF FORM : SHOULD BE A NUMBER BETWEEN 0.0 AND 99.9			
			UNITS: U/ML RBC			
			NO SEX			
			ALL AGES : 11.9-			; #N80291A
			MALE			
			ALL AGES : 11.9-			; #N80291A
			FEMALE			
			ALL AGES : 11.9-			; #N80291A

*PERFORMING SITE LEGEND

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MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.
200 FIRST STREET SW
ROCHESTER, MN 55905

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MML MESSAGES USED AS NORMALS

CODE	TEXT
N80291A	>17.0 (NORMAL RANGE)
	15.4-17.0 (PROBABLE LOW NORMAL)
	11.9-15.3 (POSSIBLE CARRIER)
	6.0-11.8 (CARRIER RANGE)
	0.0-5.9 (HOMOZYGOUS DEFICIENT RANGE)

TOTAL OF 1 NORMALS CODES
*** END OF REPORT ***

1-800-533-1710

PATIENT NAME TESTING, 80291		PATIENT NUMBER		AGE NOT GI	SEX	ACCESSION # W1478119
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # C7999998
COLLECTION 06/01/09 12:00 P DATE TIME	RECEIVED 06/02/09 10:23 A DATE TIME	REPORT PRINTED 08/31/09 11:30 A DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
STUSTEST Attn: 200 First Street SW Rochester, MN 55901 507-266-5730						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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Thiopurine Methyltransferase, RBC

Thiopurine Methyltransferase, RBC	L	1.6	U/mL RBC	MCR
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The above results are consistent with Thiopurine Methyltransferase deficiency. This is an autosomal recessive disorder.

Please contact the Biochemical Genetics consultant or genetic counselor on call (1-800-533-1710) if you have any questions.

-- EXPECTED VALUES --

>17.0	(Normal range)
15.4-17.0	(Probable low normal)
11.9-15.3	(Possible carrier)
6.0-11.8	(Carrier range)
0.0-5.9	(Homozygous deficient range)

* PERFORMING SITE

MCR Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, 80291	ORDER STATUS Final	COLLECTION DATE AND TIME 06/01/09 12:00 P
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