

**Reporting Title:** Thiopurine Methyltransferase, RBC**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube:

Preferred: Green top (sodium heparin)

Acceptable: EDTA, lithium heparin

Specimen Volume: 5 mL

Forms: New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.

Specimen Type	Temperature	Time
Whole blood	Refrigerated	6 days

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
80291	Thiopurine Methyltransferase, RBC	Numeric	U/mL RBC	21563-2
35024	Reviewed By	Numeric		In Process

**CPT Code:** 1 x 83789**Reference Values:**

&gt; or =15.0 U/mL RBC (normal)

10.1-14.9 U/mL RBC (low normal)

6.0-10.0 U/mL RBC (carrier)

0.0-5.9 U/mL RBC (deficient)

Reference values apply to all ages.