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**Reporting Title:** TPMT and NUDT15 Genotype, V**Performing Location:** Rochester**Ordering Guidance:**

For thiopurine methyltransferase (TPMT) enzyme activity testing, order TPMT3 / Thiopurine Methyltransferase Activity Profile, Erythrocytes; however, this test should also be ordered because TPMT enzyme activity testing cannot detect variants in *NUDT15*, which also impact thiopurine metabolism.

**Specimen Requirements:**

Multiple genotype tests can be performed on a single specimen after a single extraction. See [Multiple Genotype Test List](#) for a list of tests that can be ordered together.

**Submit only 1 of the following specimens:****Specimen Type:** Whole blood**Container/Tube:** Lavender top (EDTA)**Specimen Volume:** 3 mL**Collection Instructions:**

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**

**Specimen Stability Information:** Ambient (preferred) 9 days/Refrigerated 30 days**Specimen Type:** Saliva**Patient Preparation:** Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.**Supplies:** Saliva Swab Collection Kit (T786)**Specimen Volume:** 1 Swab**Collection Instructions:** Collect and send specimen per kit instructions.**Specimen Stability Information:** Ambient 30 days**Specimen Type:** Extracted DNA**Container/Tube:** 2-mL screw top tube**Specimen Volume:** 100 mcL**Collection Instructions:**

1. The preferred volume is 100 mcL at a concentration of 50 ng/mcL.
2. Provide concentration of DNA and volume on tube.

**Specimen Stability Information:** Frozen (preferred)/Ambient/Refrigerated**Forms:**

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:

-[Informed Consent for Genetic Testing](#) (T576)

-[Informed Consent for Genetic Testing-Spanish](#) (T826)

2. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-[Neurology Specialty Testing Client Test Request](#) (T732)

-[Gastroenterology and Hepatology Test Request](#) (T728)

[-Therapeutics Test Request](#) (T831)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
610159	TPMT Genotype	Alphanumeric		41048-0
610160	TPMT Phenotype	Alphanumeric		79713-4
610161	NUDT15 Genotype	Alphanumeric		93194-9
610162	NUDT15 Phenotype	Alphanumeric		93195-6
610163	Interpretation	Alphanumeric		69047-9
610164	Additional Information	Alphanumeric		48767-8
610165	Method	Alphanumeric		85069-3
610166	Disclaimer	Alphanumeric		62364-5
610167	Reviewed by	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

0034U

Reference Values:

An interpretive report will be provided.