THIOPURINE METHYLTRANSFER, RBC

Effective Dec. 7, 2015, the following Reference Intervals for this test will be adjusted by the test vendor (ARUP) to better define various TPMT patient populations. The test methodology remains the same:

**Low TPMT activity: <17 U/mL**
Individuals are predicted to be at high risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing. It is recommended to avoid use of thiopurine drugs.

**Normal: 24.0-44.0 U/mL**
Individuals are predicted to be at low risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine therapy; no dose adjustment is recommended.

**Intermediate: 17.0-23.9 U/mL**
Individuals are predicted to be at intermediate risk of bone marrow toxicity (myelosuppression), as a consequence of standard thiopurine therapy; a dose reduction and therapeutic drug management is recommended.

**High TPMT activity: >44.0 U/mL**
Individuals are not predicted to be at risk for bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing, but may be at risk for therapeutic failure due to excessive inactivation of thiopurine drugs. Individuals may require higher than the normal standard dose. Therapeutic drug management is recommended.

If you have questions or need additional information please contact Laboratory Client Services at 734-7373 or email pathologyclientservices@ucdmc.ucdavis.edu.

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