

CD3 Immunostain, Technical Component Only

# Overview

### **Useful For**

Demonstrating T-cell lineage

#### **Reflex Tests**

Test Id	Reporting Name	Available Separately	Always Performed
IHTOI	IHC Initial, Tech Only	No	No
IHTOA	IHC Additional, Tech Only	No	No

### **Testing Algorithm**

For the initial technical component only immunohistochemical (IHC) stain performed, the appropriate bill-only test ID will be reflexed and charged (IHTOI). For each additional technical component only IHC stain performed, an additional bill-only test ID will be reflexed and charged (IHTOA).

#### **Method Name**

Immunohistochemistry (IHC)

#### **NY State Available**

Yes

# Specimen

# **Specimen Type**

**TECHONLY** 

# **Ordering Guidance**

This test includes only technical performance of the stain (no pathologist interpretation is performed). If diagnostic consultation by a pathologist is required order PATHC / Pathology Consultation.

#### **Shipping Instructions**

Attach the green pathology address label and the pink Immunostain Technical Only label included in the kit to the outside of the transport container.

# Specimen Required

Supplies: Immunostain Technical Only Envelope (T693)

Specimen Type: Tissue

Container/Tube: Immunostain Technical Only Envelope

Preferred: 2 Unstained positively charged glass slide (25- x 75- x 1-mm) per test ordered; sections 4-microns thick

Acceptable: Formalin-fixed, paraffin-embedded (FFPE) tissue block



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# **Digital Image Access**

- 1. Information on accessing digital images of immunohistochemical (IHC) stains and the manual requisition form can be accessed through this website: <a href="https://news.mayocliniclabs.com/ihc-stains/">https://news.mayocliniclabs.com/ihc-stains/</a></a>
- 2. Clients ordering stains using a manual requisition form will not have access to digital images.
- 3. Clients wishing to access digital images must place the order for IHC stains electronically. Information regarding digital imaging can be accessed through this website: <a href="https://news.mayocliniclabs.com/ihc-stains/#FAQ">https://news.mayocliniclabs.com/ihc-stains/#FAQ</a>

#### **Forms**

If not ordering electronically, complete, print, and send a <u>Immunohistochemical (IHC)/In Situ Hybridization (ISH) Stains</u>
Request (T763) with the specimen.

# **Reject Due To**

Wet/frozen	Reject
tissue	
Cytology	
smears	
Nonformalin	
fixed tissue	
Nonparaffin	
embedded	
tissue	
Noncharged	
slides	
ProbeOn slides	

# **Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
TECHONLY	Ambient (preferred)		
	Refrigerated		

# **Clinical & Interpretive**

#### **Clinical Information**

CD3 (cluster of differentiation 3) is part of the T-cell antigen receptor complex found on the surface of T lymphocytes. In paraffin sections, antibodies to CD3 will also react with a subset of natural killer cells that express the cytoplasmic epsilon chain of CD3. In normal tonsil tissue, T cells predominate in the interfollicular regions. Diagnostically, antibodies to CD3 are useful in demonstrating T-cell lineage of malignant lymphomas.

### Interpretation

This test does not include pathologist interpretation, only technical performance of the stain. If interpretation is required, order PATHC / Pathology Consultation for a full diagnostic evaluation or second opinion of the case.



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The positive and negative controls are verified as showing appropriate immunoreactivity and documentation is retained at Mayo Clinic Rochester. If a control tissue is not included on the slide, a scanned image of the relevant quality control tissue is available upon request; call 855-516-8404.

Interpretation of this test should be performed in the context of the patient's clinical history and other diagnostic tests by a qualified pathologist.

#### **Cautions**

Age of a cut paraffin section can affect immunoreactivity. Stability thresholds vary widely among published literature and are antigen dependent. Best practice is for paraffin sections to be cut within 6 weeks.

#### **Clinical Reference**

- 1. Cooper R, Papworth NJ, Harris C, et al. Counting intraepithelial lymphocytes: A comparison between routine staining and **CD3** immunohistochemistry. Int J Surg Pathol. 2020;28(4):367-370. doi:10.1177/1066896919894644
- 2. Toki MI, Merritt CR, Wong PF, et al. High-plex predictive marker discovery for melanoma immunotherapy-treated patients using digital spatial profiling. Clin Cancer Res. 2019;25(18):5503-5512. doi:10.1158/1078-0432.CCR-19-0104
- 3. Moradi-Kalbolandi S, Sharifi-K A, Darvishi B, et al. Evaluation the potential of recombinant anti-CD3 nanobody on immunomodulatory function. Mol Immunol. 2020;118:174-181. doi:10.1016/j.molimm.2019.12.017
- 4. Magaki S, Hojat SA, Wei B, So A, Yong WH. An introduction to the performance of immunohistochemistry. Methods Mol Biol. 2019;1897:289-298. doi:10.1007/978-1-4939-8935-5\_25

#### **Performance**

# **Method Description**

Immunohistochemistry on sections of paraffin-embedded tissue.(Unpublished Mayo method)

# PDF Report

No

# Day(s) Performed

Monday through Friday

### **Report Available**

1 to 3 days

# **Specimen Retention Time**

Until staining is complete

# **Performing Laboratory Location**

Rochester

#### Fees & Codes



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#### **Fees**

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

#### **Test Classification**

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

#### **CPT Code Information**

88342-TC, primary 88341-TC, if additional IHC

# **LOINC®** Information

Test ID	Test Order Name	Order LOINC® Value
CD3I	CD3 IHC, Tech Only	Order only;no result

Result ID	Test Result Name	Result LOINC® Value
70704	CD3 IHC, Tech Only	Bill only; no result