

Overview

Useful For

Classification of lymphomas

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

Digital Image Access

1. Information on accessing digital images of immunohistochemical (IHC) stains and the manual requisition form can be accessed through this website: <https://news.mayocliniclabs.com/ihc-stains/>
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: <https://news.mayocliniclabs.com/ihc-stains/#FAQ>

Forms

If not ordering electronically, complete, print, and send a [Immunohistochemical \(IHC\)/In Situ Hybridization \(ISH\) Stains Request](#) (T763) with the specimen.

Reject Due To

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

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

Clinical & Interpretive

Clinical Information

PU.1 is an erythroblast transformation specific family transcription factor that regulates expression of immunoglobulin genes and other genes important in B-cell development. The nuclear protein is expressed in B cells in the germinal center and mantle zone. It is not expressed in plasma cells. PU.1 also plays a role in the differentiation of myeloid cells and is expressed in macrophages (strong staining), mast cells, early erythroid cells, and megakaryocytes. Expression of BOB.1, OCT-2, and PU.1 transcription factors are often downregulated in classical Hodgkin lymphoma. This property can be useful in lymphoma diagnosis.

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.

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. Marafioti T, Mancini C, Ascani S, et al: Leukocyte-specific phosphoprotein-1 and PU.1: two useful markers for distinguishing T-cell rich B-cell lymphoma from lymphocyte-predominant Hodgkin's disease. *Haematologica*. 2004 Aug;89(8):957-964
2. Torlakovic E, Malecka A, Myklebust JH, et al: PU.1 protein expression has a positive linear association with protein expression of germinal centre B cell genes including BCL-6, CD10, CD20, and CD22: identification of PU.1 putative binding sites in the BCL-6 promotor. *J Pathol*. 2005 Jul;206(3):312-319
3. Torlakovic E, Tierens A, Dang HD, Delabie J: The transcription factor PU.1, necessary for B-cell development is expressed in lymphocyte predominance, but not classical Hodgkin's disease. *Am J Pathol*. 2001 Nov;159(5):1807-1814
4. McCune RC, Syrbu SE, Vasef MA, et al: Expression profiling of transcription factors Pax-5, Oct-1, Oct-2, BOB.1, and PU.1 in Hodgkin's and non-Hodgkin's lymphomas: a comparative study using high throughput tissue microarrays. *Mod Pathol*. 2006 Jul;19(7):1010-1018
5. Loddenkemper C, Anagnostopoulos I, Hummell M, et al: Differential Eu enhancer activity and expression of BOB.1/OBF.1, Oct2, PU.1, and immunoglobulin in reactive B-cell populations, B-cell non Hodgkin lymphomas and Hodgkin lymphomas. *J Pathol*. 2004 Jan;202(1):60-69
6. Lin J, Liu, W, Luan T, et al: High expression of PU.1 is associated with Her-2 and shorter survival in patients with breast cancer. *Oncology Lett*. 2017 Dec;14(6):8220-8226. doi: 10.3892/ol.2017.7204

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

Fees

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

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
PU1	PU.1 IHC, Tech Only	Order only;no result

Result ID	Test Result Name	Result LOINC® Value
70857	PU.1 IHC, Tech Only	Bill only; no result