

Overview

Useful For

Phenotyping leukemias and lymphomas

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 \(IHTOA\).](#)

Reflex Tests

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

Method Name

Immunohistochemistry

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: www.mayocliniclabs.com/test-info/ihc/index.html

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: www.mayocliniclabs.com/test-info/ihc/faq.html

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

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

Specimen Stability Information

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

Clinical & Interpretive

Clinical Information

CD10 is a cell surface glycoprotein present on bone marrow B precursors (hematogones) and myeloid cells (including neutrophils), follicle center B cells, and a subset of follicular T helper cells. CD10 is also expressed in the brush border of the upper part of the intestinal tract, bile canaliculi, kidney (glomerular and proximal tubular cells), pulmonary alveolar cells, myoepithelial cells of breast, prostate glandular cells, placental trophoblastic cells, endometrial stromal cells, some endothelial cells, and a minority of (myo-)fibroblasts (stromal cells). CD10 is most useful in the diagnosis of B-precursor-acute lymphoblastic leukemia, Burkitt lymphoma, and lymphomas of follicle cell center origin (follicular lymphoma, subset of large B-cell lymphomas).

Interpretation

This test does not include pathologist interpretation; only technical performance of the stain is performed. If an 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. Contact 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. Al-Masri M, Darwazeh G, Sawalhi S et al: Phyllodes tumor of the breast: role of CD10 in predicting metastasis. *Ann Surg Oncol*. 2012;19:1181-1184. doi: 10.1245/s10434-011-2076-6
2. Taghizadeh-Kermani Ali, Jafarian AH, Ashabymn R, et al: The stromal overexpression of CD10 in invasive breast cancer and its association with clinicopathologic factors. *Iran J Cancer Prev*. Winter 2014;7(1):17-21
3. Lloyd J, Owens S: CD10 immunohistochemistry stains enteric mucosa, but negative staining is unreliable in the setting of active enteritis. *Mod Pathol*. 2011;24:1627-1632. doi: 10.1038/modpathol.2011.122

Performance

Method Description

Immunohistochemistry on sections of paraffin-embedded tissue.(Cartun RW, Taylor CR, Dabbs DJ: Techniques of immunohistochemistry: Principles, pitfalls, and standardization. In: Dabbs DJ, ed. *Diagnostic Immunohistochemistry*. 5th ed. Elsevier; 2019:1-46)

PDF Report

No

Specimen Retention Time

Until staining is complete.

Performing Laboratory Location

Rochester

Fees & Codes

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
CD10	CD10 IHC, Tech Only	Order only;no result

Result ID	Test Result Name	Result LOINC Value
70686	CD10 IHC, Tech Only	Bill only; no result