
Lab Dept: Flow and Immunology

Test Name: CD4 T-CELL RECENT THYMIC EMIGRANTS (RTE)

General Information

Lab Order Codes: CD4RT

Synonyms: Acquired Immune Deficiency Syndrome(AIDS), Immune Status, Immunodeficiency Panel, Digeorge Syndrome, Severe Combined Immunodeficiency (SCID)

CPT Codes: 86356 – Mononuclear cell antigen, quantitative

Test Includes: CD4 Absolute (CD4A); CD4 RTE Percent (CD4RP); CD4 RTE Absolute (CD4RA); and Interpretation (INT52)

Logistics

Test Indications: This assay is useful for evaluating thymic reconstitution in patients following hematopoietic cell transplantation, chemotherapy, immunomodulatory therapy, and immunosuppression. Evaluating thymic recovery in HIV-positive patients on highly active antiretroviral therapy. Evaluating thymic output in patients with DiGeorge syndrome or other cellular immunodeficiencies. Assessing the naïve T-Cell compartment in a variety of immunological contexts (autoimmunity, cancer, immunodeficiency, and transplantation). Identification of thymic remnants post thymectomy for malignant thymoma or as an indicator of relapse of disease (malignant thymoma) or other contexts of thymectomy.

Lab Testing Sections: Flow and Immunology - Sendouts

Referred to: Mayo Medical Laboratory (MML Test: CD4RT)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Monday- Thursday, and by 10AM Friday

Turnaround Time: 3 – 4 days

Special Instructions: Restricted draw times, See [Test Availability](#)

Specimen

Specimen Type: Whole blood

Container: Lavender top (EDTA) tube

Draw Volume: 3 mL (Minimum:1.5) mL blood

Processed Volume: Same as Draw Volume

Collection: Routine venipuncture.

Special Processing: Lab Staff:
Restricted draw times, specimen must be collected and delivered to lab by Monday-Thursday and by on 10AM Friday. Weekend deliveries are not accepted.

Send specimen in original tube. **Do not centrifuge or aliquot.**

Draw and package specimen as close to shipping time as possible. Ship specimen overnight in an Ambient Mailer Critical Specimens Only (T668) Must be received at MML Monday-Thursday and by 4PM on Friday.

Store and ship at room temperature.

Patient Preparation: None

Sample Rejection: Mislabeled or unlabeled specimens; gross hemolysis; lipemic specimens

Interpretive

Reference Range:

Note: Reference values have not been established for patients that are <30 days of age or >70 years of age.

Gender	Age	CD4 Absolute (cells/mcL)	CD4 RTE (%)	CD4 RTE Absolute (cells/mcL)
Male	1 mo – 17 yrs:	153 - 1,745	19.4 - 60.9	50.0 - 926.0
	18 – 25 yrs:		6.4 - 51.0	
	26 – 55 yrs:		6.4 - 41.7	
	> or =56 yrs:		6.4 - 27.7	
	18 – 70 yrs:	290 - 1,175		42.0 - 399.0
Female	1 mo – 17 yrs:	582 - 1,630	25.8 - 68.0	170.0 - 1,007.0
	18 – 25 yrs:		6.4 - 51.0	

	26 – 55 yrs:		6.4 - 41.7	
	> or =56 yrs:		6.4 - 27.7	
	18 – 70 yrs:	457 - 1,766		42.0 - 832.0
<p>Interpretation: The absence or reduction of CD31+CD4 recent thymic emigrants (RTEs) generally correlates with loss or reduced thymic output and changes in the naive CD4 T-cell compartment, especially in infancy and prepubertal children. The CD4RTE result has to be interpreted more cautiously in adults due to age-related decline in thymic function and correlated with total CD4 T cell count and other relevant immunological data. CD4 RTEs measured along with TREC (TREC/T-Cell Receptor Excision Circles (TREC) Analysis, Blood) provides a comprehensive assessment of thymopoiesis, but should not be used in adults over the sixth decade of life as clinically meaningful information on thymic function is limited in the older population due to a physiological decline in thymic activity.</p> <p>To evaluate immune reconstitution or recovery of thymopoiesis post-T-cell depletion due to posthematopoietic cell transplant, immunotherapy, or other clinical conditions, it is helpful to systematically (serially) measure CD4RTE, and TREC copies in the appropriate age groups.</p>				

Critical Values:

N/A

Limitations:

The CD4 recent thymic emigrants (RTE) assay is likely to be most helpful when used along with measurement of T-cell receptor excision circles (TREC / T-Cell Receptor Excision Circles [TREC] Analysis, Blood) for appropriate correlation of thymic output, especially in context of T cell lymphopenia, posthematopoietic cell transplant and other cellular or combined immunodeficiencies.

Methodology:

Flow Cytometry

References:

[Mayo Medical Laboratories](#) March 2018