Thyroglobulin Cocktail
Concentrated and Prediluted Cocktail Antibody
901-022-071717

Intended Use:
For In Vitro Diagnostic Use
Thyroglobulin Cocktail [2H11 + 6E1] is a mouse monoclonal antibody cocktail that is intended for laboratory use in the qualitative identification of thyroglobulin protein by immunohistochemistry (IHC) in formalin-fixed paraffin-embedded (FFPE) human tissues. The clinical interpretation of any staining or its absence should be complemented by morphological studies using proper controls and should be evaluated within the context of the patient’s clinical history and other diagnostic tests by a qualified pathologist.

Summary and Explanation:
Studies have shown this antibody recognizes a glycoprotein of 330 kDa, identified as thyroglobulin. Thyroglobulin has been shown to be useful in positive identification of thyroid carcinomas of the papillary and follicular types (1,2,4). Biocare’s c

Protocol Recommendations (intelliPATH and manual use) Cont’d:
Chromogen: Incubate for 5 minutes at RT with Biocare’s DAB - OR - Incubate for 5-7 minutes at RT with Biocare’s Warp Red.

Technical Note:
This antibody has been optimized for use with Biocare’s MACH 4 Universal HRP-Polymer Detection and intelliPATH Universal HRP Detection Kit. Use TBS for washing steps.

Limitations:
The optimum antibody dilution and protocols for a specific application can vary. These include, but are not limited to: fixation, heat-retrieval method, incubation times, tissue section thickness and detection kit used. Due to the superior sensitivity of these unique reagents, the recommended incubation times and titers listed are not applicable to other detection systems, as results may vary. The data sheet recommendations and protocols are based on exclusive use of Biocare products. Ultimately, it is the responsibility of the investigator to determine optimal conditions. The clinical interpretation of any positive or negative staining should be evaluated within the context of clinical presentation, morphology and other histopathological criteria by a qualified pathologist. The clinical interpretation of any positive or negative staining should be complemented by morphological studies using proper positive and negative internal and external controls as well as other diagnostic tests.

Quality Control:

Precautions:
1. This antibody contains less than 0.1% sodium azide. Concentrations less than 0.1% are not reportable hazardous materials according to U.S. 29 CFR 1910.1200, OSHA Hazard communication and EC Directive 91/155/EC. Sodium azide (NaN3) used as a preservative is toxic if ingested. Sodium azide may react with lead and copper plumbing to form highly explosive metal azides. Upon disposal, flush with large volumes of water to prevent azide build-up in plumbing. (Center for Disease Control, 1976, National Institute of Occupational Safety and Health, 1976) (7)

2. Specimens, before and after fixation, and all materials exposed to them should be handled as if capable of transmitting infection and disposed of with proper precautions. Never pipette reagents by mouth and avoid contacting the skin and mucous membranes with reagents and specimens. If reagents or specimens come in contact with sensitive areas, wash with copious amounts of water. (8)

3. Microbial contamination of reagents may result in an increase in nonspecific staining.

Precautions:
4. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change.
5. Do not use reagents after the expiration date printed on the vial. The SDS is available upon request and is located at http://biocare.net.

Troubleshooting:
Follow the antibody specific protocol recommendations according to data sheet provided. If atypical results occur, contact Biocare's Technical Support at 1-800-542-2002.

References: