CD15 Cocktail

Prediluted Mouse Monoclonal Cocktail Antibody

Control Number: 901-073IP-080712

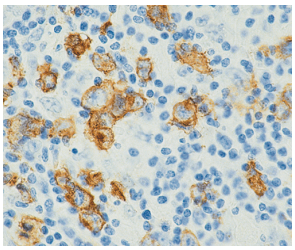
Catalog Number:	Description:
IP 073 G10	10 ml, predilute

Intended Use:

For In Vitro Diagnostic Use.
CD15 Cocktail [MMA + BY87] is comprised of two mouse monoclonal antibodies intended for laboratory use in the qualitative identification of CD15 protein on the cell surface of granulocytes and monocytes 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:

CD15 is present in greater than 90% of granulocytes including neutrophils and eosinophils and to a lesser degree on monocytes. CD15 is expressed in Reed-Sternberg cells of Hodgkin's disease (nodular sclerosis, mixed cellularity and lymphocyte-depleted subtypes), and on certain types of epithelial cells. It is generally agreed that the Reed-Sternberg cell variants in lymphocyte-predominant Hodgkin's disease are not reactive with CD15.



Hodgkin's lymphoma stained with CD15 (MMA + BY87)

Principle of Procedure:

Antigen detection in tissues and cells is a multi-step immunohistochemical process. The initial step binds the primary antibody to its specific epitope. After labeling the antigen with a primary antibody, a secondary antibody is added to bind to the primary antibody. An enzyme label is then added to bind to the secondary antibody; this detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Mouse monoclonal

Species Reactivity: Human; others not tested

Clone: MMA + BY87

Isotype: IgM/kappa

Antibody Category: Lymphoma

Epitope/Antigen: CD15

Total Protein Concentration: ~10 mg/ml. Call for lot specific Ig concentration.

Cellular Localization: Surface membrane and paranuclear staining

Positive Control: Hodgkin's

Known Applications:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative

Storage and Stability:

Store at 2ºC to 8ºC. Do not use after expiration date printed on vial. If reagents are stored under conditions other than those specified in the package insert, they must be verified by the user.

Protocol Recommendations:

Pretreatment Solution (recommended): Reveal

Pretreatment Protocol:

Heat Retrieval Method:

Retrieve sections under pressure using Biocare's Decloaking Chamber, followed by a wash in distilled water; alternatively, steam tissue sections for 45-60 minutes. Allow solution to cool for 10 minutes then wash in distilled water.

Protocol Recommendations cont'd:

Peroxide Block: Block for 5 minutes at RT.

Protein Block:

Optional: Incubate for 5-10 minutes at RT.

Primary Antibody: Incubate for 30 minutes at RT.

Secondary: Incubate for 10 minutes at RT.

Tertiary: Incubate for 10 minutes at RT.

Chromogen: Incubate for 5 minutes with DAB at RT.

Counterstain:

1. Rinse with deionized water.
2. Incubate for 5 minutes with automated Hematoxylin.
3. Rinse with TBS Buffer for 1 minute followed by a rinse with deionized water.

Biocare protocols have been standardized using in-house antibodies, detection and accessory reagents for use on the intelliPATH automated stainer. Recommended staining protocols are specified in the datasheet of the antibody of interest. Pre-optimized intelliPATH protocols with preset parameters can be displayed, printed and edited according to the procedure in the operator's manual. Refer to the operator's manual for additional instruction to navigate intelliPATH software and stainer. Use TBS for washing steps unless otherwise specified.

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:

Refer to CLSI Quality Standards for Design and Implementation of Immunohistochemistry Assays; Approved Guideline-Second edition (I/LA28-A2). CLSI Wayne, PA, USA (www.clsi.org). 2011

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 (NaN_3) 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) (3)
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. (4)
3. Microbial contamination of reagents may result in an increase in nonspecific staining.
4. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change.
5. Do not use reagent after the expiration date printed on the vial.
6. The MSDS is available upon request and is located at http://biocare.net/support/msds/.

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IVD

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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.

Warranty:

There are no warranties, expressed or implied, which extend beyond this description. Biocare is not liable for property damage, personal injury, or economic loss caused by this product.

References:

1. Von Wasielewski R, Mengel M, Fischer R, Hansmann ML, Hubner K, Franklin J, Tesch H, Paulus U, Werner M, Diehl V, Georgii A. Classical Hodgkin's disease. Clinical impact of the immunophenotype. Am J Pathol 1997 Oct;151(4):1123-1130.

2. Dejmek A, Brockstedt U, Hjerpe A. Optimization of a battery using nine immunocytochemical variables for distinguishing between epithelial mesothelioma and adenocarcinoma. APMIS 1997 Nov;105(11):889-894.

3. Center for Disease Control Manual. Guide: Safety Management, NO. CDC-22, Atlanta, GA. April 30, 1976 "Decontamination of Laboratory Sink Drains to Remove Azide Salts."

4. Clinical and Laboratory Standards Institute (CLSI). Protection of Laboratory Workers from Occupationally Acquired Infections; Approved guideline-Third Edition CLSI document M29-A3 Wayne, PA 2005.