Calretinin
Concentrated and Prediluted Polyclonal Antibody
901-092-071717

Intended Use:
For In Vitro Diagnostic Use
Calretinin is a rabbit polyclonal antibody that is intended for laboratory use in the qualitative identification of calretinin 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:
Calretinin is a calcium binding protein that is related to calmodulin and calbindin-D28k and is found mainly in neuronal tissue. It is present in subsets of neurons throughout the brain and spinal chord, including sensory ganglia. Studies have shown that calretinin, like calbindin, may be neuroprotective. Immunohistochemical studies have also recently shown calretinin to be useful in distinguishing mesotheliomas from lung adenocarcinomas. However, it is recommended that a panel of antibodies be used in tandem with calretinin. Other antibodies recommended are CK 5/6, E-cadherin, WT-1, CEA, B72.3, Vimentin and D2-40. Calretinin may not stain all mesotheliomas.

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, an enzyme labeled polymer is added to bind to the primary antibody. The detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Rabbit polyclonal
Species Reactivity: Human
Clone: N/A
Isotopy: N/A
Total Protein Concentration: ~10 mg/ml. Call for lot specific Ig concentration.
Epitope/Antigen: Calretinin
Cellular Localization: Nuclear and cytoplasmic
Positive Control: Mesotheioma
Known Applications:
Immunohistochemistry (formalin-fixed paraffin-embedded tissues)
Supplied As: Buffer with protein carrier and preservative

Storage and Stability:
Store at 2°C to 8°C. 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. Diluted reagents should be used promptly; any remaining reagent should be stored at 2°C to 8°C.

Protocol Recommendations (intelliPATH and manual use)

Peroxide Block: Block for 5 minutes with Biocare's Peroxidazed 1.


Protein Block (Optional): Incubate for 5-10 minutes at RT with Biocare's Background Punisher.

Primary Antibody: Incubate for 30-45 minutes at RT.

Protocol Recommendations (ONCORE Automated Slide Staining System):
OAIO92 is intended for use with the ONCORE Automated Slide Staining System. Refer to the ONCORE Automated Slide Staining System User Manual for specific instructions on its use. Protocol parameters in the ONCORE Automated Slide Stainer Protocol Editor should be programmed as follows:

Protocol Name: Calret Rb
Protocol Template (Description): Rb HRP Template 1
Dewaxing (DS Option): DS2
Antigen Retrieval (AR Option): AR2, low pH; 85°C
Reagent Name, Time, Temp.: Calret Rb, 30 min., 25°C

Technical Note:
This antibody has been optimized for use with Biocare's MACH 4 Universal HRP-Polymer Detection, intelliPATH Universal HRP Detection Kit and ONCORE Rabbit HRP Detection. 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.
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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) (6)
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. (7)
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 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: