CD23

Concentrated and Prediluted Monoclonal Antibody
901-100-051719

BIOCARE MEDICAL

Catalog Number:	CM 100 A, C	PM 100 AA	OAI 100 T60	VLTM 100 G20
Description:	0.1, 1.0 mL, conc.	6.0 mL, RTU	60 tests, RTU	20 mL, RTU
Dilution:	1:100	Ready-to-use	Ready-to-use	Ready-to-use
Diluent:	Da Vinci Green	N/A	N/A	N/A

Intended Use:
For In Vitro Diagnostic Use
CD23 [1B12] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of CD23 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:
CD23 is a 45 kDa glycoprotein that acts as a receptor for IgE. It is expressed by interleukin-4 activated B-lymphocytes, by activated macrophages, and by a proportion of follicular dentritic cells. CD23 has been shown to be useful for the differentiation of small lymphocytic lymphomas and mantle cell lymphoma (7).

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 one-, two- or three-step detection procedure can be employed. The one-step procedure will feature an enzyme-labeled polymer that binds to the primary antibody. A two-step procedure will feature a secondary antibody added to bind to the primary antibody. An enzyme-labeled polymer is then added to bind to the secondary antibody. The three-step detection procedure will feature a secondary antibody added to bind to the primary antibody followed by a linker antibody step for maximum binding. An enzyme-labeled polymer is then added to bind to the linker antibody. These detections of the bound antibodies are evidenced by a colorimetric reaction.

Source: Mouse monoclonal
Species Reactivity: Human; others not tested
Clone: 1B12
Isotype: IgG1
Protein Concentration: Call for lot specific Ig concentration.
Epitope/Antigen: CD23
Cellular Localization: Cytoplasmic and cell membrane
Positive Tissue Control: Follicular lymphoma or tonsil (mantle cell lymphomas are generally negative)

Known Applications:
Immunohistochemistry (formalin-fixed paraffin-embedded tissues)
Supplied As: Buffer with protein carrier and preservative

Storage and Stability:
Store at 2ºC to 8ºC. The product is stable to the expiration date printed on the label, when stored under these conditions. Do not use after expiration date. Diluted reagents should be used promptly; any remaining reagent should be stored at 2ºC to 8ºC.

Protocol Recommendations (VALENT® Automated Slide Staining Platform):
VLTM100 is intended for use with the VALENT. Refer to the User Manual for specific instructions for use. Protocol parameters in the Protocol Manager should be programmed as follows:
Deparaffinization: Deparaffinize for 8 minutes with Val DePar.
Pretreatment: Perform heat retrieval at 98°C for 60 minutes using Val AR-Lo pH, 5X (use at 1X).
Peroxidase Block: Block for 5 minutes with Val Peroxidase Block.

Protocol Recommendations (VALENT Automated Slide Staining Platform) Cont'd:
Protein Block (Optional): Incubate for 10-20 minutes at RT with Val Background Block.
Primary Antibody: Incubate for 30 minutes.
Secondary: Incubate for 10 minutes with Val Mouse Secondary.
Linker: Incubate for 10 minutes with Val Universal Linker.
Polymer: Incubate for 10 minutes with Val Universal Polymer.
Chromogen: Incubate for 5 minutes with Val DAB.
Counterstain: Counterstain for 5 minutes with Val Hematoxylin.

Protocol Recommendations (intelliPATH FLX® and manual use):
Peroxide Block: Block for 5 minutes with Peroxidazed 1.
Pretreatment: Perform heat retrieval using Borg or Reveal Decloaker. Refer to the Borg or Reveal Decloaker product data sheet for specific instructions.
Protein Block (Optional): Incubate for 5-10 minutes at RT with Background Punisher.
Primary Antibody: Incubate for 30-60 minutes at RT.
Probe: Incubate for 10 minutes at RT with a secondary probe.
Polymer: Incubate for 10-20 minutes at RT with a tertiary polymer.
Chromogen: Incubate for 5 minutes at RT with Biocare's DAB -OR- Incubate for 5-7 minutes at RT with Warp Red.
Counterstain:
Counterstain with hematoxylin. Rinse with deionized water. Apply Tacha's Bluing Solution for 1 minute. Rinse with deionized water.

Technical Notes:
1. Do not allow tissue sections to dry during the staining procedure. Dried tissue sections may display increased non-specific or uneven staining.
2. This antibody, for intelliPATH FLX and manual use, has been standardized with MACH 4 detection system. Use TBS for washing steps.

Protocol Recommendations (ONCORE™ Automated Slide Staining System):
OAI100 is intended for use with the ONCORE. Refer to the User Manual for specific instructions for use. Protocol parameters in the Protocol Editor should be programmed as follows:
Protocol Name: CD23
Protocol Template (Description): Ms HRP Template 1
Dewaxing (DS Option): DS2
Antigen Retrieval (AR Option): AR1, high pH; 101°C
Reagent Name, Time, Temp.: CD23, 30 min., 25°C

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.

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Rev: 062117

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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) (8)
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. (9)
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:
1. Sano H, *et al.* Upregulated surface expression of intracellularly sequestered Igepsilon receptors (FcepsilonRII/CD23) following activation in human peripheral blood eosinophils. Proc Assoc Am Physicians. 1999 Jan-Feb;111(1):82-91.
2. Kroft SH, *et al.* Evaluation of CD23 expression in paraffin-embedded gastric lymphomas of mucosa-associated lymphoid tissue. Mod Pathol. 1998 Oct;11(10):967-70.
3. Sarsfield P, *et al.* A study of accessory cells in the acquired lymphoid tissue of helicobacter gastritis. J Pathol. 1996 Sep;180(1):18-25.
4. Kumar S, *et al.* Use of CD23 (BU38) on paraffin sections in the diagnosis of small lymphocytic lymphoma and mantle cell lymphoma. Mod Pathol. 1996 Sep;9(9):925-9.
5. Murray PG, *et al.* CD23 expression in non-Hodgkin lymphoma: immunohistochemical demonstration using the antibody BU38 on paraffin sections. J Pathol. 1991 Oct;165(2):125-8.
6. Hellen EA, *et al.* Immunohistochemical demonstration of CD23 expression on lymphocytes in rheumatoid synovitis. J of Clin Pathol. 1991 Apr;44(4):293-6.
7. Dorfman DM, *et al.* Distinction between small lymphocytic and mantle cell lymphoma by immunoreactivity for CD23. Mod Pathol. 1994 Apr;7(3):3 26-31.
8. 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."
9. Clinical and Laboratory Standards Institute (CLSI). Protection of Laboratory Workers from Occupationally Acquired Infections; Approved Guideline-Fourth Edition CLSI document M29-A4 Wayne, PA 2014.

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