

# CDX2

## Prediluted Mouse Monoclonal Antibody

Control Number: 901-226IP-050312

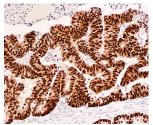
Catalog Number: **Description:** IP 226 G10 10 ml, predilute

#### Intended Use:

For In Vitro Diagnostic Use

# **Summary and Explanation:**

CDX2 is a homeobox gene that encodes an intestine-specific transcription factor. It is expressed in the nuclei of epithelial cells of the intestine, from duodenum to rectum. The CDX2 protein is expressed in primary and metastatic colorectal carcinomas. It has also been identified in intestinal metaplasia of the stomach and in intestinal-type gastric cancer. CDX2 is not expressed in normal gastric mucosa. Studies have shown that the CDX2 marker is superior to CK20.



Colon cancer stained with CDX2 antibody.

#### **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: CDX2-88 Isotype: IgG<sub>1</sub>

Antibody Category: Colon cancer

Epitope/Antigen: CDX2

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

Cellular Localization: Nuclear Positive Control: Colon cancer Normal Tissue: Colon

Abnormal Tissue: Colon cancer, cyst adenocarcinoma and mucinous ovarian cancer

**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.

#### 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.

Peroxide Block: Block for 5 minutes at RT.

Tertiary: Incubate for 10 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.

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.

#### **Quality Statement:**

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. Preoptimized 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.

#### **Performance Characteristics:**

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. These products are tools that can be used for interpretation of morphological findings in conjunction with other diagnostic tests and pertinent clinical data by a qualified pathologist.

#### **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

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<sub>3</sub>) 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)

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.

Microbial contamination of reagents may result in an increase in nonspecific staining. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change. The MSDS is available upon request and is located at http://biocare.net/support/msds/.

tel: 800-799-9499 925-603-8080 www.biocare.net







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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.

#### Limitations and 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. Werling RW, Yaziji H, Bacchi CE, Gown AM. CDX2, a Highly Sensitive and Specific Marker of Adenocarcinomas of Intestinal Origin: An Immunohistochemical Survey of 476 Primary and Metastatic Carcinomas. Am J Surg Pathol 2003 Mar; 27 (3):303-10.
- 2. Barbareschi M, Murer B, Colby TV, Chilosi M, Macri E, Loda M, Doglioni C. CDX
- -2 Homeobox Gene Expression is a Reliable Marker of Colorectal Adenocarcinoma Metastases to the Lungs. Am J Surg Pathol 2003 Feb; 27(2):141-9
- 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."
- 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.

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