

D2-40 (Lymphatic Marker)

Concentrated and Prediluted Monoclonal Antibody
902-266-101817

BIOCARE
M E D I C A L

Catalog Number:	ACR 266 A, B, C	APR 266 AA
Description:	0.1, 0.5, 1.0 ml, concentrated	6.0 ml, prediluted
Dilution:	1:100	Ready-to-use
Diluent:	Da Vinci Green	N/A

Intended Use:

For Research Use Only. Not for use in diagnostic procedures.

Summary and Explanation:

Studies have shown D2-40 reacts with an O-linked sialoglycoprotein (MW 40K) found on lymphatic endothelium, fetal testis and on the surface of testicular germ-cell tumors. D2-40 is also known as a selective marker of lymphatic endothelium in normal tissues and vascular lesions. In a few studies, clone D2-40 has shown staining reaction in lymphatic channel endothelium, but not in the adjacent capillary. Clone D2-40 has also shown staining in endothelium of lymphangiomas whereas hemangiomas, glomus tumors, angioliopomas, pyogenic granulomas and vascular malformations did not show any staining. D2-40 has also been shown to react with Kaposi's sarcoma and a subset of angiosarcomas. Proliferation and distribution of lymphatic vessels may also be related to prognosis and early metastasis. D2-40 has also been shown to be a very specific marker for malignant mesothelioma (1-2).

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. A secondary antibody may be applied to bind the primary antibody, followed by an enzyme labeled polymer; or an enzyme labeled polymer may be applied directly to bind the primary antibody. The detection of the bound primary antibody is evidenced by an enzyme-mediated colorimetric reaction.

Source: Mouse monoclonal

Species Reactivity: Human, mouse and rat

Clone: D2-40

Isotype: IgG1

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

Epitope/Antigen: O-linked sialoglycoprotein

Cellular Localization: Cytoplasm (lymphatic epithelium)

Positive Tissue Control: Tonsil, breast cancer or colon 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. Diluted reagents should be used promptly; any remaining reagent should be stored at 2°C to 8°C.

Staining Protocol Recommendations:

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

Pretreatment: Perform heat retrieval using Biocare's Diva Decloaker. Refer to the Diva Decloaker data sheet for specific instructions.

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

Primary Antibody: Incubate for 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 Biocare's Warp Red.

Staining Protocol Recommendations Cont'd:

Counterstain:

Counterstain with hematoxylin. Rinse with deionized water. Apply Tacha's Bluing Solution for 1 minute. Rinse with deionized water.

Technical Note:

This antibody has been standardized with Biocare's MACH 4 detection system. Use TBS buffer for washing steps.

Limitations:

This product is provided for Research Use Only (RUO) and is not for use in diagnostic procedures. Suitability for specific applications may vary and it is the responsibility of the end user to determine the appropriate application for its use.

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) (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 into 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 SDS is available upon request and is located at <http://biocare.net>.

Technical Support:

Contact Biocare's Technical Support at 1-800-542-2002 for questions regarding this product.

References:

1. Kahn HJ, Marks A. A new monoclonal antibody, D2-40, for detection of lymphatic invasion in primary tumors. *Lab Invest.* 2002 Sep;82(9):1255-7.
2. Chu AY, *et al.* Utility of D2-40, a novel mesothelial marker, in the diagnosis of malignant mesothelioma. *Mod Pathol.* 2005 Jan;18(1):105-10.
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-Fourth Edition CLSI document M29-A4 Wayne, PA 2014.



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