

CD5

Prediluted Rabbit Monoclonal Antibody

Control Number: 901-328IP-072710

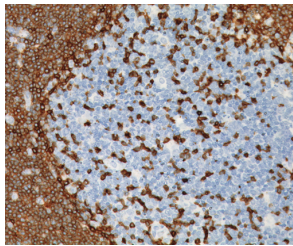
Catalog Number: IP 328 G10
Description: 10 ml, predilute

Intended Use:

For In Vitro Diagnostic Use

Summary and Explanation:

CD5 is a T-cell associated marker that is also expressed by two B-cell neoplasms, lymphocytic leukemia and mantle cell lymphoma. CD5 antigen is expressed in 95% of thymocytes and 72% of peripheral blood lymphocytes. It has been shown to react with thymic carcinomas but rarely in thymomas. It has also been observed in a subset of intravascular large B-cell lymphomas and marks some anaplastic large cell lymphomas. CD5 has proven very useful in marking mantle cell lymphoma when used in tandem with Cyclin D1, CD10 and CD23. CD5 is positive for mantle cell lymphoma.



Mantle cell stained with CD5 rabbit monoclonal 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, an enzyme labeled polymer is added to bind to the primary antibody. This detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Rabbit Monoclonal

Species Reactivity: Human; others not tested

Clone: SP19

Isotype: Rabbit IgG

Antibody Category: Lymphoma

Epitope/Antigen: CD5

Total Protein Concentration: Call for lot specific Ig Concentration.

Cellular Localization: Cell surface

Positive Control: Tonsil or mantle cell lymphoma

Normal Tissue: Tonsil

Abnormal Tissue: Mantle cell lymphoma

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:

Pretreatment Solution (recommended): Borg or 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.

Protein Block:

Optional: Incubate for 5-10 minutes at RT.

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

Secondary: N/A

Tertiary: Incubate for 30 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 FLX automated stainer. Recommended staining protocols are specified in the datasheet of the antibody of interest. Pre-optimized intelliPATH FLX 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 FLX 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 NCCLS Quality Assurance for Immunocytochemistry approved guidelines, December 1999 MM4-A Vol.19 No.26 for more information about tissue controls.

Precautions:

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)

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.



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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. Pruneri G, Valentini S, Bertolini F, Del Curto B, Maiorano E, Viale G. SP4, a novel anti-cyclin D1 rabbit monoclonal antibody, is a highly sensitive probe for identifying mantle cell lymphomas bearing the t(11;14)(q13;q32) translocation. *Appl Immunohistochem Mol Morphol*. 2005 Dec;13(4):318-22
2. Torlakovic E, Nielsen S, Vyberg M. Antibody selection in immunohistochemical detection of cyclin D1 in mantle cell lymphoma. *Am J Clin Pathol*. 2005 Nov;124(5):782-9.
3. Dong HY, Gorczyca W, Liu Z, Tsang P, Wu CD, Cohen P, Weisberger J. B-cell lymphomas with coexpression of CD5 and CD10. *Am J Clin Pathol*. 2003 Feb;119(2):218-30.
4. Yatabe Y, Suzuki R et al. Morphological spectrum of cyclin D1-positive mantle cell lymphoma: study of 168 cases. *Pathol Int*. 2001 Oct;51(10):747-61.
5. Kurtin PJ. Mantle cell lymphoma. *Adv Anat Pathol*. 1998 Nov;5(6):376-98
6. Schlette E, Fu K, Medeiros LJ. CD23 expression in mantle cell lymphoma: clinicopathologic features of 18 cases. *Am J Clin Pathol*. 2003 Nov;120(5):760-6.
7. 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."
8. National Committee for Clinical Laboratory Standards (NCCLS). Protection of laboratory workers from infectious diseases transmitted by blood and tissue; proposed guideline. Villanova, PA 1991;7(9). Order code M29-P.

