

Progesterone Receptor [PgR636]

Prediluted Mouse Monoclonal Antibody

Control Number: 902-343IP-030111

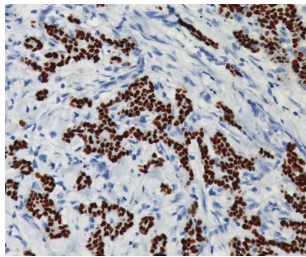
Catalog Number: IP 343 G10
Description: 10 ml, predilute

Intended Use:

For Research Use Only

Summary and Explanation:

The progesterone receptor is a member of the steroid-receptor family. Steroid hormones bind to intracellular receptors, and these receptors can bind to DNA and regulate gene expression directly. Research has shown PR to reflect intact estrogen regulatory machinery. PR staining patterns observed include: ER+ and PR+, ER+ and PR-, ER- and PR+, and ER- and PR-. This PR antibody provides excellent staining in formalin-fixed paraffin-embedded tissues and has been shown to have superior sensitivity to most progesterone receptor antibodies.¹



Normal breast tissue stained with Progesterone Receptor [PgR636].

Source: Mouse monoclonal

Species Reactivity: Human; others not tested

Clone: PgR636

Isotype: IgG1/kappa

Antibody Category: Breast cancer

Epitope/Antigen: Progesterone Receptor

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

Cellular Localization: Nuclear

Positive Control: Breast carcinoma

Normal Tissue: Normal breast

Abnormal Tissue: Breast 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.

Protocol Recommendations:

Pretreatment Solution (recommended): Reveal or Diva

Pretreatment Protocol:

Heat Retrieval Method:

Preheat

Then, place slides into the preheated solution and retrieve under pressure at 95°C for 40 minutes. Alternatively, steam tissue sections for 45-60 minutes or use a water bath at 95°C for 40 minutes. Allow solution to cool for 20 minutes. then wash in distilled water.

Peroxide Block: Block for 5 minutes at RT.

Protein Block:

Optional: Incubate for 10-15 minutes at RT.

Protocol Recommendations cont'd:

Primary Antibody: Incubate for 45-60 minutes at RT.

Secondary: Incubate for 10 minutes at RT.

Tertiary: Incubate for 20 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.

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.

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References:

1. Press M, Spaulding B, Groshen S, Kaminsky D, Hagerty M, Sherman L, Christensen K, Edwards DP. Comparison of different antibodies for detection of progesterone receptor in breast cancer steroids. *Steroids*. 2002 Aug; 67(9):799-813.
2. 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."
3. 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.

