

Aldh1a1
Concentrated Rabbit Monoclonal Antibody
Control Number: 901-351-051315

ISO
9001&13485
CERTIFIED

Catalog Number: ACI 351 AK, BK
Description: 0.1, 0.5 ml, concentrated
Dilution: 1:200-1:400
Diluent: Van Gogh Yellow

Intended Use:

For In Vitro Diagnostic Use
Aldh1a1 [EP1933Y] is a rabbit monoclonal antibody that is intended for laboratory use in the qualitative identification of Aldh1a1 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:

The Aldh1a1 gene encodes the major cytosolic Aldh1a1 existing in the liver and other tissues. The genetic deficiency of this isozyme has been found at a low frequency (<10%) in both Caucasians and Asians. Studies have shown that Aldh1a1 in normal and cancer human mammary epithelial cells with increased aldehyde dehydrogenase activity have stem/progenitor-like properties (1-2). In a series of 577 breast carcinomas, expression of Aldh1a1 detected by immunostaining correlated with poor prognosis. These findings offer an important new tool for the study of normal and malignant breast stem cells and facilitate the clinical application of stem cell concepts (1).

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. The detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Rabbit monoclonal

Species Reactivity: Human, mouse

Clone: EP1933Y

Isotype: IgG

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

Epitope/Antigen: Aldh1a1

Cellular Localization: Cytoplasmic, nuclear

Positive Tissue Control: Colon cancer, breast cancer

Known Applications:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative
Van Gogh Yellow (PD902)

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:

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 product data sheet for specific instructions.

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

Primary Antibody: Incubate for 30 minutes at RT.

Probe: N/A

Polymer: Incubate for 30 minutes at RT with a secondary-conjugated polymer.

Chromogen:

Incubate for 5 minutes at RT with Biocare's DAB -OR- Incubate for 5-7 minutes at RT when using Biocare's Warp Red.

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 2 detection system. It can also be used on an automated staining system and with other Biocare polymer detection kits. Use TBS buffer for washing steps.

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. The clinical interpretation of any positive or negative staining should be evaluated within the context of clinical presentation, morphology and other histopathological criteria by a qualified pathologist. The clinical interpretation of any positive or negative staining should be complemented by morphological studies using proper positive and negative internal and external controls as well as other diagnostic tests.

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 (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) (4)
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. (5)
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.

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References:

1. Ginestier C, *et al.* ALDH1 is a marker of normal and malignant human mammary stem cells and a predictor of poor clinical outcome. *Cell Stem Cell.* 2007 Nov;1(5):555-67.
2. Liu S, *et al.* BRCA1 Regulates Human Mammary Stem/Progenitor Cell Fate. *PNAS.* 2008 Feb 5;105(5):1680-85.
3. Perlmann T. Retinoid Metabolism: A Balancing Act. *Nature Genetics.* 2002 May; 31(1): 7-8.
4. 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."
5. 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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