

CD15 [MMA]

Concentrated and Prediluted Monoclonal Antibody
902-029-062917

BIOCARE
M E D I C A L

Catalog Number:	ACR 029 A, C	APR 029 AA
Description:	0.1, 1.0 ml, concentrated	6.0 ml, prediluted
Dilution:	1:100	Ready-to-use
Diluent:	Van Gogh Yellow	N/A

Intended Use:

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

Summary and Explanation:

CD15 is present on greater than 90% of granulocytes including neutrophils and eosinophils, and to a lesser degree, on monocytes. CD15 is expressed in Reed-Sternberg cells of Hodgkin's disease (of the nodular sclerosis, mixed cellularity and lymphocyte-depleted subtypes), and certain types of epithelial cells. It is generally agreed that the Reed-Sternberg cell variants in lymphocyte-predominant Hodgkin's disease are not reactive with CD15. Positive staining for CD15 combined with a negative reaction for lymphocytic markers may provide support for Hodgkin's disease.

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: MMA

Isotype: IgM/kappa

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

Epitope/Antigen: CD15

Cellular Localization: Surface membrane and paranuclear staining

Positive Control: Reed-Sternberg cells (Hodgkin's)

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 Reveal Decloaker. Refer to the Reveal Decloaker product data sheet for specific instructions.

Protein Block: Incubate for 10 minutes at RT with Biocare's Background Punisher.

Primary Antibody: Incubate for 30 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.

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 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) (7)

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 in contact with sensitive areas, wash with copious amounts of water. (8)

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/support>.

Technical Support:

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

References:

1. Von Wasielewski R, *et al.* Classical Hodgkin's disease. Clinical impact of the immunophenotype. *Am J Pathol.* 1997 Oct;151(4):1123-30.

2. Dejmek A, Brockstedt U, Hjerpe A. Optimization of a battery using nine immunocytochemical variables for distinguishing between epithelial mesothelioma and adenocarcinoma. *APMIS.* 1997 Nov;105(11):889-94.

3. Ohsawa M, Aozasa K, Ikeda H. Immunoreactivities of Reed-Sternberg cells and their variants in the sequential biopsy of Hodgkin's disease. *Mod Pathol.* 1993 Jul;6 (4):457-62.

4. Skubitz K, *et al.* 1989, Report on the CD15 cluster workshop, in Knapp W, *et al.*, eds. *Leucocyte Typing IV: White Cell Differentiation Antigens.* Oxford University Press, Oxford, p 800-805.

5. Pinkus GS, Thomas P, Said JW. Leu-M1: A marker for Reed Sternberg cells in Hodgkin's Disease: An immunoperoxidase study of paraffin-embedded tissues. *Am J Pathol.* 1985; 119:244.

6. Hsu SM, Jaffe ES. Leu-M1 and peanut agglutinin stain the neoplastic cells of Hodgkin's Disease. *Amer J Clin Path.* 1984; 82:29.

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."



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References Cont'd:

8. 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.