Helicobacter pylori

Concentrated and Prediluted Monoclonal Antibody 902-383-040921



Available Product Formats				
Format	Catalog Number	Description	Dilution	Diluent
Concentrate	ACR 383 A, C	0.1, 1.0 mL	1:100	Renoir Red
Predilute	APR 383 AA, H, L	6.0, 25, 100 mL	Ready-to-use	N/A
Q Series – For Leica BOND-III	ALR 383 G7	7.0 mL	Ready-to-use	N/A

Intended Use:

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

Summary and Explanation:

Helicobacter pylori are spiral-curved, gram-negative bacteria that can infect the surface epithelium of the mucous layer of the stomach. There is evidence showing that these bacteria may play a significant role in peptic ulcer disease. Immunohistochemical techniques can distinguish Helicobacter pylori from other types of bacterial infections.

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; others not tested

Clone: BC7 Isotype: IgG1

Protein Concentration: Call for lot specific Ig concentration.

Epitope/Antigen: Helicobacter pylori

Cellular Localization: Spiral shaped bacterium

Positive Tissue Control: Stomach infected with H. pylori

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. The product is stable to the expiration date printed on the label, when stored under these conditions. Do not use after expiration date. Diluted reagents should be used promptly; any remaining reagent should be stored at 2° C to 8° C.

Staining Protocol Recommendations (intelliPATH FLX® and manual use):

Peroxide Block: Block for 5 minutes with Peroxidazed 1.

Pretreatment: Perform heat retrieval using Borg or Reveal Decloaker. Refer to the Borg or Reveal Decloaker product data sheet for specific instructions

Protein Block: (Optional): Incubate for 5-10 minutes at RT with 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 Warp Red.

Counterstain:

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

Staining Protocol Recommendations (intelliPATH FLX and manual use) Cont'd:

Technical Note:

This antibody, for intelliPATH FLX and manual use, has been standardized with MACH 4 detection system. Use TBS for washing steps.

<u>Staining Protocol Recommendations (Q Series – For Leica BOND-III):</u>

ALR383 is intended for use with the Leica BOND-III. Refer to the User Manual for specific instructions for use. Recommended protocol parameters are as follows:

Protocol Name: IHC Protocol F Detection: Bond Polymer Refine HIER: 20 min with ER2

Peroxide Block: 5 min

Marker (Primary Antibody): 15 min

Post Primary: 8 min Polymer: 8 min

Mixed DAB Refine: 10 min Hematoxylin: 5 min

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 (NaN $_3$) 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) (2)
- 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. (3)
- 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.

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Rev: 062117

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References:

- 1. Enomoto H, *et al.* Topographic distribution of Helicobacter pylori in the resected stomach. Eur J Gastroenterol Hepatol. 1998 Jun;10(6):473-8
- 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. 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.
- Q Series antibodies are developed solely by Biocare Medical LLC and do not imply approval or endorsement of Biocare antibodies by Leica Biosystems. Biocare and Leica Biosystems are not affiliated, associated or related in any way. Leica, Leica Biosystems, BOND-MAX and BOND-III are trademarks of Leica Biosystems.



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