# CD20 [L26]

Concentrated and Prediluted Monoclonal Antibody 902-004-090517



Catalog Number:ACR 004 A, B, CAPR 004 AA, HDescription:0.1, 0.5, 1.0 ml, concentrated6.0, 25 ml, predilutedDilution:1:100Ready-to-useDiluent:Da Vinci GreenN/A

# **Intended Use:**

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

# **Summary and Explanation:**

CD20 [L26] reacts with a protein of a 30-33 kDa polypeptide present in B-cells. L26 reacts with the majority of B-cells present in peripheral blood and lymphoid tissues. In normal lymphoid tissue, L26 marks B-cells in germinal centers, particularly immunoblasts. This antibody has been shown to be a reliable marker as a pan B-cell marker. It rarely marks T-cells.

# **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: L26

Isotype: IgG2a/kappa

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

concentration.

**Epitope/Antigen:** CD20 (B-cell) **Cellular Localization:** Cell surface

Positive Control: Tonsil or B-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.

# Staining Protocol Recommendations:

**Peroxide Block:** Block for 5 minutes with Biocare's Peroxidazed 1.

**Pretreatment:** Perform heat retrieval using Biocare's Reveal Decloaker. Refer to the Reveal 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:** 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 with 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 (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) (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.

# **Technical Support:**

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

## References:

- 1. Nguyen DT, *et al.* Differential diagnosis of L26-positive, CD15-negative Hodgkin's disease and large B-cell lymphoma with a high content of reactive T-cells: a morphologic and immunohistochemical study. Hematopathol Mol Hematol. 1996;10(3):135-50.
- 2. Chadburn A, Knowles DM. Paraffin-resistant antigens detectable by antibodies L26 and polyclonal CD3 predict the B- or T-cell lineage of 95% of diffuse aggressive non- Hodgkin's lymphomas. Am J Clin Pathol. 1994 Sep;102(3):284-91.
- 3. Cartun RW, Coles FB, Pastuszak WT. Utilization of monoclonal antibody L26 in the identification and confirmation of B-cell lymphomas. A sensitive and specific marker applicable to formalin-and B5-fixed, paraffin-embedded tissues. Am J Pathol. 1987 Dec;129(3):415-21.
- 4. Norton AJ, Isaacson PG. Monoclonal antibody L26: an antibody that is reactive with normal and neoplastic B lymphocytes in routinely fixed and paraffin wax embedded tissues. J Clin Pathol. 1987 Dec;40(12):1405-12.
- 5. Davey FR, *et al.* Immuno- phenotyping of non-Hodgkin's lymphomas using a panel of antibodies on paraffin-embedded tissues. Am J Pathol. 1987 Oct;129(1):54-63.
- 6. Ishii Y, *et al.* Surface marker expression of human B-cell lymphomas. AIDS Res. 1986 Dec;2 Suppl 1:S87-93.

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# References Cont'd:

- 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. 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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