Carcinoembryonic Antigen (CEA (P))
Prediluted Rabbit Polyclonal Antibody
Control Number: 901-009IP-073115

Intended Use:
For In Vitro Diagnostic Use

Summary and Explanation:
Carcinoembryonic antigen antibody reacts with CEA and CEA-like proteins such as NCA (non-specific cross-reacting antigen), NCA2 and biliary glycoprotein (BGP1). In all tissues, the NCA of neutrophil granulocytes are stained positive. In colon adenocarcinoma, the antibody labels the cytoplasm of the tumor cells strongly. In the normal colon, the luminal enterocytes is strongly labelled. In breast carcinoma, a low percentage of glandular epithelial cells are stained. Gland lumina and some epithelial cell membranes in the normal breast tissue show positive staining. In the liver, the biliary canaliculi are positive. In general, CEA will mark adenocarcinoma of the stomach, colon, lung and pancreas; CEA is weakly or occasionally positive (less than 10%) for prostate cancer, bladder cancer and hepatoma. CEA is negative for squamous cell carcinoma of the skin and esophagus, mesothelioma, lymphoma, melanoma and sarcoma.

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 antigen with a primary antibody. This detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Rabbit polyclonal
Species Reactivity: Human; others not tested
Clone: N/A
Isotype: N/A
Antibody Category: Carcinoma
Epitope/Antigen: CEA
Total Protein Concentration: N/A
Cellular Localization: Cytoplasmic
Positive Control: Colon carcinoma
Normal Tissue: Colon
Abnormal Tissue: Colon cancer, pancreatic 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.

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.

References: