Leukocyte Common Antigen (LCA) Cocktail
Concentrated and Prediluted Cocktail Antibody
901-016-103017

<table>
<thead>
<tr>
<th>Catalog Number:</th>
<th>Description:</th>
<th>Dilution:</th>
<th>Diluent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM 016 AK, BK, CK</td>
<td>0.1, 0.5, 1.0 ml, concentrated</td>
<td>1:100</td>
<td>Van Gogh Yellow</td>
</tr>
<tr>
<td>PM 016 AA</td>
<td>6.0 ml, prediluted</td>
<td>Ready-to-use</td>
<td>N/A</td>
</tr>
<tr>
<td>IP 016 G10</td>
<td>10 ml, prediluted</td>
<td>Ready-to-use</td>
<td>N/A</td>
</tr>
<tr>
<td>OAI 016 T60</td>
<td>60 tests, prediluted</td>
<td>Ready-to-use</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Intended Use:**
For In Vitro Diagnostic Use

Leukocyte Common Antigen (LCA) Cocktail [PD7/26+2B11] is a mouse monoclonal antibody cocktail that is intended for laboratory use in the qualitative identification of leukocyte cellular surface marker protein CD45 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:**
Studies have shown CD45 recognizes an antigen found on lymphoid cells. Most neoplastic B-cells and T-cells stain positively in leukemia and in non-Hodgkin’s lymphomas; whereas most neoplastic myeloid and erythroid cells are negative (1-3). Studies have also shown it is evidenced by an enzyme-mediated colorimetric reaction.

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**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:** PD7/26 and 2B11
**Isotype:** IgG1/kappa
**Total Protein Concentration:** ~10 mg/ml. Call for lot specific Ig concentration.

**Epitope/Antigen:** CD45 (Leukocyte Common Antigen)
**Cellular Localization:** Cell surface

**Positive Tissue Control:** Tonsil or lymphoma

**Known Applications:**
Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

**Supplied As:** Buffer with protein carrier and preservative

**Van Gogh Yellow Diluent (PD902)**

**Protocol Template (Description):**

**Dewaxing (DS Option):** DS2

**Antigen Retrieval (AR Option):** AR1, high pH; 101°C

**Reagent Name, Time, Temp.:** LCA, 30 min., 25°C

**Technical Note:**
1. This antibody has been optimized for use with Biocare’s MACH 4 Universal HRP-Polymer Detection, IntelliPATH Universal HRP Detection Kit and ONCORE HRP Detection. Use TBS for washing steps.
2. A standard PBS diluent (pH 7.2-7.4) is not recommended for this antibody.

**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 titer lists 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.

<table>
<thead>
<tr>
<th>Protocol Recommendations (intelliPATH and manual use)</th>
<th>Cont’d:</th>
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<tbody>
<tr>
<td><strong>Primary Antibody:</strong> Incubate for 30 minutes at RT.</td>
<td></td>
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<tr>
<td><strong>Probe:</strong> Incubate for 10 minutes at RT with a secondary probe.</td>
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<tr>
<td><strong>Polymer:</strong> Incubate for 20-30 minutes at RT with a tertiary polymer.</td>
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<tr>
<td><strong>Chromogen:</strong> Incubate for 5 minutes at RT with Biocare’s DAB -OR- Incubate for 5-7 minutes at RT with Biocare’s Warp Red.</td>
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<tr>
<td><strong>Counterstain:</strong> Counterstain with hematoxylin. Rinse with deionized water. Apply Tacha’s Bluing Solution for 1 minute. Rinse with deionized water.</td>
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</tbody>
</table>

**intelliPATH™ Automated Slide Stainer:**

**IP016** is intended for use for the intelliPATH™ Automated Slide Stainer. Refer to the intelliPATH Automated Slide Stainer manual for specific instructions on its use. When using the intelliPATH, peroxide block with intelliPATH Peroxidase Blocking Reagent (IP85000) may be performed following heat retrieval.

**Protocol Recommendations (ONCORE Automated Slide Staining System):**

**OA/O16** is intended for use with the ONCORE Automated Slide Staining System. Refer to the ONCORE Automated Slide Staining System User Manual for specific instructions on its use. Protocol parameters in the ONCORE Automated Slide Stainer Protocol Editor should be programmed as follows:

** Protocol Name:** LCA
**Protocol Template (Description):** Ms HRP Template 1

**Dewaxing (DS Option):** DS2

**Antigen Retrieval (AR Option):** AR1, high pH; 101°C

**Reagent Name, Time, Temp.:** LCA, 30 min., 25°C

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Quality Control:

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.

References: