Terminal Deoxynucleotidyl Transferase (TdT {P})
Concentrated and Prediluted Polyclonal Antibody
901-134-121517

Catalog Number: CP 134 AK, CK
Description: 0.1, 1.0 ml, concentrated
Dilution: 1:100
Diluent: Monet Blue

Intended Use:
For In Vitro Diagnostic Use
Terminal deoxynucleotidyl transferase (TdT) is a rabbit polyclonal antibody that is intended for laboratory use in the qualitative identification of terminal deoxynucleotidyl transferase (TdT) protein 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:
Terminal deoxynucleotidyl transferase (TdT) is a nuclear protein widely used as a marker for lymphoblastic leukemia. Studies have shown that immunohistochemistry staining can be easily achieved by use of heat retrieval methods in formalin-fixed paraffin-embedded tissues. Studies have also shown that a panel of antibodies consisting of TdT, CD10, CD99 (MIC2), Bcl-2 and CD34 can be used to distinguish lymphoblastic leukemias from small noncleaved cell lymphomas.

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 primary antibody. The detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Rabbit polyclonal
Species Reactivity: Human; others not tested
Clone: N/A
Isotype: IgG

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

Epitope/Antigen: Terminal deoxynucleotidyl transferase (TdT)
Cellular Localization: Nuclear

Positively Tissue Control: Lymphoblastic leukemia or fetal thymus

Knocked Applications: Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative
Monet Blue Diluent (PD901)

Storage and Stability:
Store at 2°C to 8°C. Do not use after expiration date printed on vial.

Protocol Recommendations:

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

Pretreatment: Perform heat retrieval using Biocare's 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 Biocare's Background PNGuish

Primary Antibody: Incubate for 30-60 minutes at RT.

Probe: N/A

Polymer: Incubate for 30 minutes at RT with a secondary-conjugated 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:
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. 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.

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 in 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 reagents after the expiration date printed on the vial.

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: