



## *Mycobacterium tuberculosis (TB)*

### Concentrated and Prediluted Polyclonal Antibody

Control Number: 902-140-062713

|                        |                           |                    |
|------------------------|---------------------------|--------------------|
| <b>Catalog Number:</b> | <b>CP 140 A, C</b>        | <b>PP 140 AA</b>   |
| <b>Description:</b>    | 0.1, 1.0 ml, concentrated | 6.0 ml, prediluted |
| <b>Dilution:</b>       | 1:500-1:1000              | Ready-to-use       |
| <b>Diluent:</b>        | Da Vinci Green            | N/A                |

**Intended Use:**

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

**Summary and Explanation:**

This antibody consists of the purified IgG fraction and reacts with *Mycobacterium tuberculosis*. The emergence of new strains of resistant *Mycobacterium tuberculosis* has created new interest in clinical diagnosis. Studies have shown immunohistochemical techniques to be superior to conventional special stains. Thus, the demonstration of mycobacterial antigens are not only useful in establishing mycobacterial aetiology, but also can be used as an alternative method to the conventional Ziehl-Neelsen method (1). Studies have shown this antibody is reactive with other Mycobacteria species including: *M. avium*, *M. phlei*, and *M. parafortuitum*. This antibody has been reported not to be reactive with *E. coli* K12, *Salmonella typhimurium*, *Pseudomonas aeruginosa*, *Streptococcus* (group B), *Candida albicans* and *Neisseria meningitidis*.

**Source:** Rabbit polyclonal

**Species Reactivity:** Human; others not tested

**Clone:** N/A

**Isotype:** N/A

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

**Epitope/Antigen:** *Mycobacterium tuberculosis*

**Cellular Localization:** N/A

**Positive Control:** *Mycobacterium tuberculosis* infected tissue

**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 Peroxidized 1.

**Pretreatment Solution (recommended):** N/A

**Pretreatment Protocol:** N/A

**Protein Block (Optional):** Incubate for 5-10 minutes at RT with Biocare's Background Punisher.

**Primary Antibody:** Incubate for 30 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 DI water. Apply Tacha's Bluing Solution for 1 minute. Rinse with DI water.

**Technical Note:**

This antibody has been standardized with Biocare's MACH 2 detection system. It can also be used on an automated staining system and with other Biocare polymer detection kits. 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<sub>3</sub>) 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 in 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 MSDS is available upon request and is located at <http://biocare.net/support/msds/>.

**Technical Support:**

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

**References:**

1. Radhakrishnan VV, *et al.* Immunohistochemical demonstration of mycobacterial antigens in intracranial tuberculoma. Indian J Exp Biol. 1991 Jul;29(7):641-4.
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-Third Edition CLSI document M29-A3 Wayne, PA 2005.