**Calponin**

Concentrated and Prediluted Monoclonal Antibody

901-172-102417

<table>
<thead>
<tr>
<th>Catalog Number:</th>
<th>CM 172 A, C</th>
<th>PM 172 AA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>0.1, 1.0 ml, concentrated</td>
<td>6.0 ml, prediluted</td>
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<tr>
<td>Dilution:</td>
<td>1:100</td>
<td>Ready-to-use</td>
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<tr>
<td>Diluent:</td>
<td>Renaissance Background Reducing</td>
<td>N/A</td>
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**Intended Use:**

For In Vitro Diagnostic Use

Calponin [CALP] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of calponin 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:**

Calponin (34 kDa polypeptide) is a cytoskeleton-associated actin-binding protein that interacts with tropomyosin and calmodulin. Calponin has been reported to be highly specific for normal and neoplastic myoepithelium and a valuable diagnostic aid in the differential diagnosis involving polymorphous low-grade adenocarcinoma, adenoid cystic carcinoma, and pleomorphic adenoma of the salivary gland. Myoepithelial markers can also help in differentiating papilloma from papillary carcinoma of the breast especially with a panel of CK5/6, p63, and neuroendocrine markers (chromogranin A and synaptophysin). Calponin together with basal lamina markers (laminin and type IV collagen) may be useful in differentiating microinvasive from ductal carcinoma in situ (DCIS) of the breast.

**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, a secondary antibody is added to bind to the primary antibody. An enzyme label is then added to bind to the secondary antibody; this detection of the bound antibody is evidenced by a colorimetric reaction.

**Source:** Mouse monoclonal

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

**Clone:** CALP

**Isotype:** IgG1/kappa

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

**Epitope/Antigen:** Calponin protein

**Cellular Localization:** Cytoplasmic

**Positive Tissue Control:** Normal breast glands

**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 the 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.

**Protocol Recommendations Cont’d:**

- **Peroxide Block:** Block for 5 minutes with Biocare's Peroxidazed 1.
- **Pretreatment:** Perform heat retrieval using Biocare's Decloaker. Refer to the Decloaker product data sheet for specific instructions.
- **Digestion Method (Optional):** Digest with Trypsin (1:10) enzyme for 30-60 minutes at RT.

**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 fixed, 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 listed are not applicable to other detection systems, as results may vary. The data sheet recommendation 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 into contact with sensitive areas, wash with copious amounts of water. (5)

3. Microbial contamination of reagents may result in an increase in non-specific 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.

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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: