Ki-67 + Caspase-3

Prediluted Multiplex Cocktail (4-Step)

Control Number: 902-240DS-083117

Catalog Number: **APR 240 DS AA**

Description: 6.0 ml, prediluted

Dilution: Ready-to-use

Diluent: N/A

Intended Use:

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

Summary and Explanation:

This Multiplex IHC was designed to provide information on cell death vs. cell proliferation rates. The Ki-67 nuclear antigen is associated with cell proliferation. It is found throughout the cell cycle that includes the G1, S, G2, and M phases; but not the (GO) phase.

Apoptosis is a process in which cells activate an intrinsic suicide mechanism and destroy themselves. The proteases that mediate this execution are called caspases (cysteinyl-aspartic acid proteases). Apoptosis has gained central importance in the study of many biological processes, including neoplasia, neurodegenerative diseases, and development (1). Studies have shown cleaved caspase-3 detects endogenous levels of the large fragment (17/19 kDa) of activated caspase-3 resulting from cleavage adjacent to (Asp175). Activation of caspase-3 requires proteolytic processing of its inactive zymogen into active p17 and p12 subunits. Cleavage of caspase-3 requires aspartic acid at the P1 position. Studies have shown this antibody does not cross-react with other cleaved caspases (1). Ki-67 is a mouse monoclonal antibody and caspase-3 (cleaved) is an affinity purified rabbit polyclonal antibody.

Principle of Procedure:

A Multiplex IHC stain can be accomplished in four major steps. The initial step consists of an antibody cocktail with at least one mouse and one rabbit antibody. This cocktail is applied to the tissue and will bind with two or more target antigens. A multiplex detection cocktail of horseradish peroxidase (HRP) and alkaline phosphatase (AP) conjugated secondary antibodies is applied. The third step consists of the addition of DAB-Substrate that binds to the HRP and produces a brown chromogenic reaction product. The fourth step consists of a Fast Red/Warp Red that binds to the AP and produces a red chromogenic reaction product.

Source: Mouse monoclonal and Rabbit polyclonal

Species Reactivity: Human; others not tested

Clone: DVB-2

Isotype: IgG1 (Ki-67 only)

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

Epitope/Antigen: Ki-67 and Caspase-3

Cellular Localization:

Ki-67: (nuclear): brown

Caspase-3: (cytoplasmic / nuclear): red

Positive Control: Tonsil or colon cancer

Known Applications:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative

Storage and Stability:

Store at 2ºC to 8ºC. Do not use reagent after the 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.

Staining Protocol Recommendations:

Peroxide Block:

Block for 5 minutes with Biocare's Peroxidazed 1.

Pretreatment Solution (recommended): Diva

Staining Protocol Recommendations Cont'd:

Pretreatment Protocol:

Heat Retrieval Method:

Retrieve sections under pressure using Biocare's Decloaking Chamber, followed by a wash in distilled water; alternatively, steam tissue sections for 45-60 minutes. Allow solution to cool for 10 minutes then wash in distilled water.

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

Primary Antibody: Incubate for 30 minutes at RT.

Double Stain Detection: Incubate for 30 minutes at RT using Biocare's MACH 2 Double Stain 2.

Chromogen (1):

Incubate for 5 minutes at RT with Biocare's Betazoid DAB.

Chromogen (2): 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 2 Double Stain 2. It can also be used on an automated staining system. 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 is 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_3) 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:

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

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USA

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References:

1. Gown AM, Willingham MC. Improved detection of apoptotic cells in archival paraffin sections: Immunohistochemistry using antibodies to cleaved caspase 3. J Histochem Cytochem 2002 Apr;50(4):449-54
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.

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